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THE AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING
SCHOOLS FOR NURSES; THE NURSES' ASSOCIATED ALUMNÆ
OF THE UNITED STATES; THE INTERNATIONAL COUNCIL
OF NURSES; THE HOSPITAL ECONOMICS ASSOCIATION;
THE NEW YORK STATE NURSES' ASSOCIATION; THE
GRADUATE NURSES' ASSOCIATION OF PENNSYLVANIA;
THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT;
THE MASSACHUSETTS STATE NURSES' ASSOCIATION

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VOLUME VIII

PHILADELPHIA

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AND THE AMERICAN NURSES ASSOCIATION
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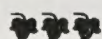
THE AMERICAN JOURNAL OF NURSING

VOL. VIII

OCTOBER, 1907

NO. I

EDITORIAL COMMENT



PREPARATION FOR PRIVATE DUTY

Two questions in a recent state examination had a bearing upon the preparation of pupil nurses for private duty. They were asked how to prepare for an operation in a home, and how to prepare salt solution in a private house. Oddly enough, the answers to the question about the operation were better than those in regard to salt solution. Most had the proportions for salt solution correct, almost all knew that it should be sterile, but the point on which many were lacking was knowledge of the fact that *water boils away*. With perfect innocence they described the boiling of a pint of water for two hours, or of a quart of water for one hour on each of three successive days,—forgetting that either the water would disappear in steam or that, if there were any left, the carefully measured proportions would be lost, and the solution which remained would be much stronger than when it was started.

This is not a serious lack, for any nurse with any brains who put salt solution on to boil would observe its decrease in quantity and would discover for herself that she must have additional sterile water with which to accurately supply the lost amount. A more serious fault was in the answers of those women who described filling glass bottles with salt solution and putting them in an oven to bake for hours. Perhaps it is ourselves, not the pupils, who are at fault here; perhaps it is really possible to heat jars sufficiently in a dry oven to sterilize the contents without damage, but we cannot escape a vision of cracked jars, a flooded oven, and a dismayed nurse, who comes for her salt solution and finds only wreckage.

It is very difficult for instructors in training schools, especially those who have always done hospital work, to think ahead and foresee

the problems that will arise outside and prepare their pupils to meet them. Most of the papers describing the operation in a private house showed evidence of careful teaching and described the procedure thoughtfully and sensibly. There are always some misguided souls who insist on "scrubbing the walls and ceiling with corrosive." Only a few suggested such impossibilities as a sterilizer, a Kelly pad, a can of oxygen, "twelve basins and pitchers," etc. Those who did will probably adjust themselves in some way to their environment when they find themselves in a farmhouse, miles from a drug store, without even a rubber sheet at hand. Most nurses do rise to such occasions and find real pleasure in providing good surroundings for the patient with the materials at hand. There are so many versions of the wash-boiler sterilizer, some of them so vague, that perhaps it will be well to describe once more a simple method which has been tested again and again. This will be found on another page under Practical Suggestions.

In conclusion, let us say that after looking over examination papers, one is more than ever convinced of the wisdom of an old remark of Miss McIsaac's: "A nurse need not think that because she has entered a training school she must forget everything she ever knew before and leave her common sense behind." Plain, ordinary, practical, common sense is a better guide both in actual nursing and in the answering of examination questions than a wild searching through the corners of the mind for some technical terms from a half forgotten lecture. The women examined who described a fracture as a broken bone were within the realm of common sense. Those who had been taught that it was "the solution of the continuity of a bone" were so perplexed as to what these words really mean that they in many cases substituted some different phrase, sounding like this, which just spoiled the answer. It seems a pity that any pupil should leave any school with vague ideas on so simple a subject as a fracture.

TEMPERANCE

IN the letter box will be found a communication in regard to the use of a nurse's influence on behalf of temperance by teaching her patients the effect upon the system of stimulants. May we suggest that all nurses who are connected in any way with philanthropic work can aid this cause in another way by helping to bring about better feeding of the poor. Very often a man resorts to intoxicants because he has not enough food of the proper sort, properly prepared. His system craves something more and he turns to drink. The money spent for liquor

decreases the sum left for food, so the evil works in two ways. The small wage earner often spends more on food, in proportion to his income, than people of larger means, but because the women of the family are ignorant or wasteful much less good is obtained from it.

We once heard a cook employed by a well-to-do family, deplore the waste and extravagance she saw in the households of her married friends. A roast of beef would be used twice, perhaps, first hot and then cold, and the remainder thrown away. When she protested and asked why it was not fixed over, she was told that it cost too much to buy things to make it good, and that they liked fresh meat better. Cooking schools, where young girls can be taught how to prepare food in a wholesome, economic, and attractive manner are among the greatest aids to good home living and help to promote both temperate habits and morality, for drinking and vice go hand in hand.

In Chicago, and probably in many other large cities, such cooking classes have been introduced into the public schools. In Rochester, N. Y., a philanthropic manufacturer pays for courses at the Mechanics' Institute to which girls from the public schools are sent as part of their course. It would be interesting to know to what extent visiting nurses have been able to aid in establishing such schools. The private duty nurse finds herself many times in a home where the attention of the mother needs to be called to the necessity of more attractive nourishing food for her husband and children, but as the nurse is enjoying the hospitality of the home, such as it is, it is very difficult to make such a suggestion wisely or acceptably. The one who can, is a true home missionary.

COLLABORATORS

A CIRCULAR letter was sent recently to the JOURNAL collaborators, asking them what plans they had for work during the coming year. The reply to one of these letters is so excellent an outline of the duties of a collaborator that we reproduce it for the benefit of others on the staff. who may be glad to profit by its suggestions, and also for the perusal of those warm friends of the JOURNAL who, though not listed as collaborators, are always working faithfully for its interests. There are many such, and it is because of such loyal support that the JOURNAL continues to hold its place in the nursing world.

"As a collaborator of THE AMERICAN JOURNAL OF NURSING my policy has been to talk to every nurse, with whom I come in contact, about the merits of the JOURNAL—our responsibility as nurses to sup-

port a publication that is up to date on nursing affairs and that enables nurses to keep in touch with the work of nurses over the whole country; and as our office is the headquarters for our local Graduate Nurses' Association, as well as a rapidly growing Visiting Nurse Association, I always have copies of the JOURNAL in plain sight. I have endeavored to meet all superintendents of hospitals and have given sample copies. Have written from time to time to the nursing organizations throughout the state to send any interesting articles, reports of meetings, etc. Have tried to secure lists of nurses and hospitals throughout the state."

We are glad to announce that we have added to our staff of collaborators four members who are too well known to need any introduction,—Miss Ross of Johns Hopkins, Miss Sly of Michigan, Miss Hay of the Illinois Training School, and Miss Wheeler of Blessing Hospital, Quincy, Illinois.

PROGRESS OF STATE REGISTRATION

FOUR more states have obtained registration for nurses,—Illinois, Minnesota, West Virginia, and Georgia. Of these, Illinois has been struggling the longest for such recognition, and its ill-luck seems to still cling to it, for though the bill was passed in the spring, and became a law in July, the governor, who has the power of appointing the board of nurse examiners, has as yet failed to do so. All is not won when the bill is passed, as California and West Virginia can testify, for California has been two years in possession of a state law, without succeeding in getting its board of regents to administer it, and West Virginia is in the same case as Illinois. The appointment of the board is left to the governor and he does not act.

Minnesota is more fortunate. Its bill required that one member of the board should be a graduate of a medical school. This place has been filled by a woman physician, the board has been chosen, and is at work. In Georgia, events have moved swiftly and favorably. The state association was organized this year. The bill was drafted in May, and was passed by the General Assembly on a unanimous vote, fifteen minutes before midnight, on August 17th, the closing night of the session. Five days later it received the signature of the governor. This bill is more liberal than the others in the matter of the appointment of the board of examiners, for the state association is privileged to submit a list from which the governor makes his appointments. Copies of these bills will be found on another page, and those working along these lines will be interested in comparing them.

CIVIC WORK OF ONE ASSOCIATION

FOR the first time we hear of a graduate nurses' association asking for an investigation of a badly conducted hospital. In Cleveland, Ohio, where all branches of philanthropic work seem to be conducted on a basis of harmony and co-operation, the Graduate Nurses' Association asked the Chamber of Commerce to investigate conditions at a public hospital. The association had refused to admit graduates of this school to membership, knowing that it had a low standard, but they went further than this and tried to secure better conditions for it by bringing it to the attention of the city authorities. The committee of investigation found conditions so bad that a thorough overhauling of the building and system of administration is taking place with the result that the buildings will be made sanitary, and the patients supplied with proper care, one of the requirements being that a graduate nurse of some other school be placed in charge.

The standing of the Graduate Nurses' Association of Cleveland in the community may be inferred from the fact that it was asked by the Chamber of Commerce to make recommendations for needed improvements for this hospital. This is not the first public spirited work done by this association, for the Visiting Nurse Association was inaugurated by it, and it maintains a successful central directory for nurses.

CIVIL NURSES IN MANILA

A LETTER received by the editor from Miss Freeman of the Civil Hospital, Manila, gives further details in regard to the conditions under which nurses go out there. Probably many of our readers are as ignorant as we confess ourselves to have been of the fact that the government sends out nurses under civil contracts who are quite distinct from the army nurses, not being under the same supervision nor working under the same regulations.

The salary is sixty dollars a month, with expenses one way. The nurses pay for their own washing, which averages five dollars a month, and there are other incidental expenses amounting to about twenty dollars a year. As the expenses of the return trip from Manila to New York are from two hundred and fifty to three hundred and fifty dollars, and are to be borne by the nurse, she should understand this plainly before starting, that she may plan to save that amount from her salary. Evidently this has not been made perfectly clear in the past, as eight

nurses now stationed in the Civil Hospital went out with the expectation of having their return expenses paid. Twenty-eight days' leave annually is compulsory. If a nurse has been ill, she may deduct that time, otherwise she is forced to spend it in a vacation which she really needs, but which is expensive, as change of air is almost a necessity.

THE EVOLUTION OF THE NURSE

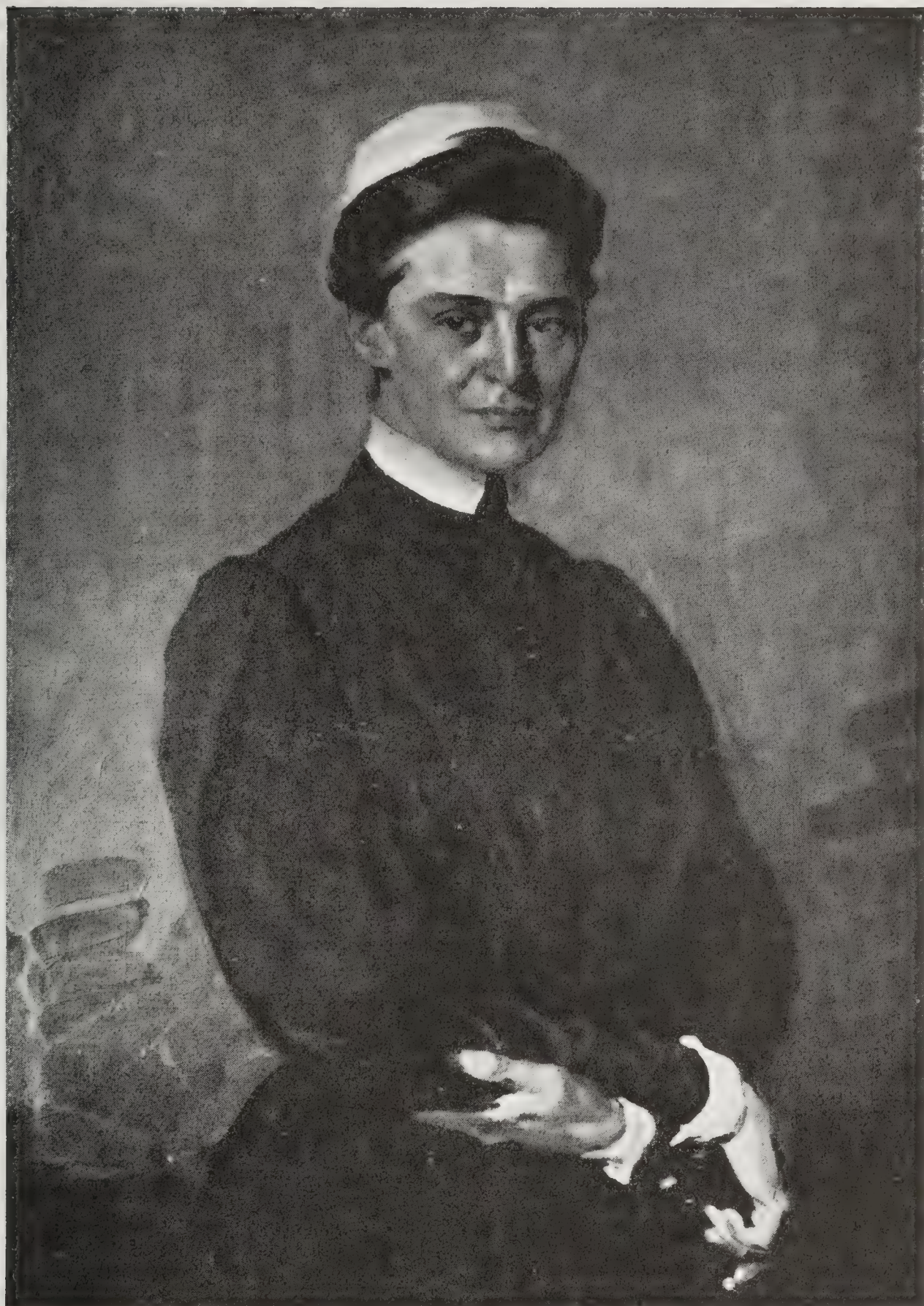
It is our privilege to print for the benefit of our readers an address given to the nurses of Lakeside Hospital, Cleveland, by Dr. Lowman. Although the address has no controversial elements, and was not given to aid any cause, no better justification for the higher education of the nurse has come to our notice. This is one of the rare articles that lift us above the smoke and din of the battle field and give us a wide outlook over the whole horizon; and every nurse who reads the article will, we predict, finish it with a new sense of pride in her profession and of her chosen place in it, wherever that place may be.

It is discouraging to the leaders in any movement to have their ideals misunderstood and misinterpreted by those who should be their supporters. The past two years in the nursing world have been full of unrest, and the standards established by so much hard effort have seemed in danger of being lowered. In the face of much criticism, it is inspiring to receive the support of such men as Dr. Lowman, Dr. Hurd, and many others. The better class of medical men and the better class of nurses are working for the same ends,—the best possible preparation of those to whom is to be entrusted the care of the sick.

MISS NUTTING'S PORTRAIT

THROUGH the courtesy of the editor of the *Johns Hopkins Nurses Alumnae Magazine*, we are able to reproduce for our readers a picture of Miss Nutting's portrait. This portrait is beautiful in itself, is a faithful likeness, and is a touching tribute to the esteem in which she is held by her pupils,—alumnae and undergraduates, for it was painted for them by Miss Cecilia Beaux and has been presented by them to the training school, where it will be an enduring memorial of Miss Nutting's work for the school.

When the portrait was presented to the trustees of the school on March 30th, addresses were made by representatives of the alumnae, of the trustees, of the medical staff, and of her friends, all telling simply,



M. Adelaide Nutting

but with feeling, of the high place she holds in their esteem as a nurse, as an educator, and as a woman. She will take up her new work with the good wishes of all who know her personally, and with the co-operation of hundreds who do not know her, but who have faith in her success, and who are doing their part toward putting the hospital economics course on a secure financial basis.

ADDITIONS TO NURSING LITERATURE

THE book by Miss Maxwell and Miss Pope reviewed in this issue, adds another volume to the text-books written by nurses which are always welcomed above those written by doctors for nurses, for though the latter may be more scientific, these are more practical, and are almost always better for purposes of teaching.

OFFICERS OF EXAMINING BOARDS

WE have several times been asked to publish in the Official Directory the names and addresses of the officers of the examining boards of nurses now existing. Beginning with this number a list of these, as far as we have been able to secure them, will be found at the end of the Official Directory.



THE EVOLUTION AND THE DEVELOPMENT OF THE NURSE *

BY DR. JOHN H. LOWMAN
Cleveland, Ohio.

WHEN the skilled attendant replaced the mother at the bedside and training began to assist affection in the care of the sick, nursing became a profession. Up to that time the offices of the nurse had been limited to blowing the porridge hot or cold, blocking draughts, smothering the invalid with blankets, soothing the patient and assisting in the general work of the household. These offices ordinarily devolved upon some good neighbor whom trouble had aroused to kindness, or to whom life had brought a little more experience but whom art had not inspired or science enlightened. Medicine had not at that time emancipated itself from the pseudo-sciences or discovered its place among the arts. The light of knowledge had indeed touched the mountain peaks, from which desultory rays were reflected into the valleys, but in the valleys presumption and vanity still held that medicine could abort and banish disease. The dictum of Hippocrates that disease was a coction of humors prevailed. Indigestion for him was a disturbance of humors that could be rectified. But though his practice was primitive the great spirit of Hippocrates, revived by Sydenham, taught the necessity of the accurate observation of natural phenomena; this and Morgagni's "exact anatomical thinking" were, however, as nothing to the mass of unawakened practitioners.

Then in the middle of the nineteenth century there came the renaissance of knowledge with the freedom of the spirit and liberation of the mind. To the thinking soul was opened the wealth of facts about everyone and their inter-relation and dependance on law and order. With this revelation of new sciences and re-clothing of old ones the science of nursing appeared. The elaboration of medicine to a subtle combination of art and science was impossible without it! The aspiration of the physician to prevent as well as to cure was still more impossible without it. It came as a necessity. In order that the true sequence of phenomena might be known there was need of closer and more constant observation after the surgeon has completed his labors or the physician had reached his conclusions. Keener watchfulness and greater resources were required

* Address delivered to the nurses of Lakeside Hospital.

to detect and even anticipate possible complicating events. Greater devotion, professional devotion, if not affection, was demanded to apply the guiding words of the now thoroughly awakened physician and in response to this urgent need the professional trained nurse arose. The hospital was the temple in which this new priestess was made manifest; it was there that schools for her more elaborate training were established and the Hippocratic method of careful medical observation introduced.

From the physician's standpoint the benefit which accrued from this close observation of the patient was of incalculable value. The nurse was taught the necessity of accurate records and of carefully collected specimens. She was also trained to recognize the need for executive talent in carrying out the various attentions prescribed for the patient. Where these attentions were numerous and confusing she was trained to realize that the sleep and strength of the sick one depended in a large measure on her exercise of executive ability. She was also taught surgical cleanliness, bacteriological dangers, hygiene, higher housekeeping, cooking and the fundamental good manners essential to her position as an aid to the family as well as to the patient and the physician. Her judgment, caution, tact, tenderness as well as skill were considered in the arrangement of the curriculum.

This introduction of a trained, skilled assistant threw a new responsibility on the director of the sickroom—the physician. His orders were carried out to the letter and consequently demanded greater exactness and completeness in their formulation. He was obliged to state definitely the temperature of baths, the percentage of the dilution of nutrient drinks, the best times of administering medicines; to know the best plan for ventilation, the necessary hours of sleep, to enter carefully into details which he had not before considered, except in a general way, for it had previously been useless, to try to enforce them. The presence of a critical, trained, intelligent, alert aid at his elbow was at first almost irritating to the general practitioner who had not recognized the development of this new force, and to the families for whom the nurse was still in the category of servants. But the reactionaries were swept back by the enthusiasm of hospital and institutional men for whom the problems of medicine are infinite and eternal and for whom their solution can never demand too much, too intelligent, too devoted and too constant assistance.

It was necessary to adapt ourself to the new arrangement as it is always necessary to accommodate oneself to a new system. But it was no more possible to oppose it effectively than it was to stop the on rushing of many waters. Humanity was in the dark background, dull and

but dimly conscious of the new events, but pointing with a limp finger toward the point where light was breaking and faintly illuminating a new personality—a personality that had come to comfort and to save. But to those even who had the prescience of a vision this personality did not fully reveal itself and even now after four decades of rich experience its potentialities are not known. At first it limited itself to bedside attendance. It was a new therapeutic force, a new element in the domain of healing and like many new elements in the science of therapeutics it was tried by fire, by the fire of criticism. It withstood, however, the fiercest test.

The nurse therapeutic primarily was one of the agents employed by the physician. She received and executed his orders, but as her training became more thorough, because of the rise of scientific nursing schools, her capabilities multiplied and it was possible to trust her to meet emergencies. This became especially noticeable in post operative periods, in the puerperium, the crises of pneumonia, and in accidents of acute diseases when the unexpected not infrequently occurs. One could not estimate the times within the limits of one physician's work when the vigilant eye of the well trained nurse had caught the first evidence of an ill turn of the disease and thus put it in the power of the medical attendant to anticipate by hours if not by days the threatening complications. Accurate dosage, subcutaneous medication, aseptic dressings, lavage of the stomach and other viscera, baths, packs, and many forms of hydrotherapy, electrotherapy, local applications, skilled feeding, notably in the case of infants, ventilation, especially in lung fever and whooping cough, enforcement of a strict régime, as in tuberculosis, neurasthenia and hysteria, all are now possible through the agency of the trained nurse where otherwise such measures would be ineffective or dangerous. As the schools improved and the nurse grew in skill, as opportunities for her usefulness increased, the candidates for admission to the ranks of the new profession multiplied and new features in the nurse's career developed. Some women limited their work to surgery, some to medicine, others still to midwifery and as a result the specialties of surgical, medical and obstetrical nursing arose.

The necessities of the great hospitals created new positions, and the institutional nurse appeared. She needs must be a woman with executive ability. The superintendent of the training school, the head nurse, the chief nurse in the surgical amphitheatre require traits that the nurse therapeutic need not necessarily possess. Some find the permanent offices in an institution more to their taste than the circumscribed life of the sickroom, and develop more rapidly in these positions; with others the

case is reversed. The institutional nurses have a continuous service in one line and to them we must look for new ideas, new books, and new life. They are the women who will inspire probationers and pupils to work, fill them with enthusiasm, raise their ideals and incite them to accuracy. The responsibilities of the institutional nurse are very great, for on her depends the quality of the women received for instruction and the thoroughness with which the instruction is given. The teaching nurse belongs to this class and though she is recruited from the ranks of the therapeutic nurse she is a teacher from the beginning. The gifts of the teacher seem to exist in some because of their power of knowing the standpoint of the pupil, because of their "vicariousness." Put yourself in his place if you wish to acquaint the student with your ideas. One will teach the didactic branches best, another ethics, another diet and cooking; there is a field in each of these branches for wide expansion and growth.

Another development of the institutional nurse is in anæsthetics. A well trained woman possesses advantages as an anæsthetizer that a physician may not have. She remains within the confines of her duty. The field of operation is closed to her, she never expects to enter it and is not interested in it. She closely watches the face, follows the course of the pulse and respiration, the changes of color of the face and the action of the throat, the eye and the stomach as well as the quantity of the anæsthetic used. Her ambitions do not carry her beyond that. The usual anæsthetizer gives ether as a phase of his training and not as a business and is apt to be diverted by the brilliancy of the operator. To follow his chief is his aim; to excel in her specialty is the aim of the nurse anæsthetizer. This is a new and attractive field and reveals the possibilities of the development of the therapeutic nurse in a fascinating way.

The child's nurse and the infant's nurse represent well defined departments of nursing. The work with nurslings is totally different from that with children. In fact the difference is greater between these two divisions than between the care of children over two years and adults. A nurse eagerly recognizes this and knows that she must have special training in the care of babies to succeed with them. This has led to the nursling's special nursing. There are numerous problems, notably those of feeding, systematic régime and peculiar care of the body of the child that do not appear in any other department of nursing. I may say that greater scientific exactness is required with infants than with any other class. The mortality is greater under one year of age than at any other time of life. It must be then that the dangers menacing the child are more numerous and more deadly. This naturally leads to

the subject of the child's nurse who is developing from the ranks of the nurses. Schools now exist for the training of such persons. Such a school will soon be established in Cleveland in conjunction with the projected Baby Hospital. The training there need not be so long as with the true therapeutic nurse but, though different, it will be as thorough in this specialty. The therapeutic nurse is trained in pathologic problems but the child's nurse will be trained in physiologic problems, that is, in the functions of healthy organs. Unfortunately we are dominated too much in medicine and in nursing by the pathologic side of illness and neglect the physiologic phase. In this age, when the natural history of disease is so extensively studied, this is an error. The child's nurse must be taught the conduct of the healthy child in walking, talking, eating and sleeping, things one scarcely gives more consideration to than he does to air and water.

There is a proverb that one should not look a gift horse in the mouth, and it would seem that piety had prevented men from looking closer into the God-given gifts of water, air and sleep. The child's nurse will learn to distrust everything that comes near the child, everything she has not investigated; she will not be like our old friend who needed no thermometer to test the temperature of the bath, for when the water was too cold the baby was blue and when it was too hot the baby was red. She will learn that it is not Providence but the careless dairyman who steals away our babies, because dirty milk is poison. To make these facts a part of oneself requires training. Science is not fussiness, it is truth. To find the truth requires work.

The nurse attendant, and nurse convalescent may come from the amateur class, but they are stronger and more useful if trained. The time is coming when, as the acute phases of the disease pass, the nurse therapeutic will give way to the nurse convalescent just as the surgeon gradually turns his case to his assistant. These latter nurses should in a preëminent degree have the graces of womanhood. Tenderness, tact, patience, accomplishments and physiologic knowledge are required to successfully fulfil their calling. I might indeed make a classification of the physiologic and pathologic nurse.

A quiet little niche is filled adequately by the hourly nurse who goes with her kit from house to house and gives baths, rubbings, makes dressings, assists a physician or prepares the invalid for the day or night. She has not developed her department yet; she will later develop it; she should be a general adviser to the family and be able to instruct them in many things, as well as perform her simple office as the nurse's substitute. In a metropolitan daily I recently read this advertisement: "Mrs.

Joy. Cheering by the hour." Dear little Mrs. Joy! How many fits of the blues she has charmed away! There is the nurse philosophic, for you!

Like Minerva from the head of Jove the visiting nurse orders sprang from the established profession, equipped and alert for work. It was an application from the singular to the plural. The care of the favored one leads to the thought of the care of the many. The nurse therapeutic is scientific in a pathologic sense, the nurse prophylactic is scientific in a sociologic sense. The former is professional, the latter humanitarian and philanthropic. Seventy years ago in Germany, inspired by Pastor Fliedner of Kaiserwerth, the nurse commenced a work among the sick poor which was both humanitarian and professional. She became one of the leading figures in that great movement toward the people which, thirty years later, though with different impulse, was to stir the Russian nation so profoundly. It was not however until the seventies and in England that visiting nursing, as we understand it, was instituted. Trained nurses were then taken from the educated classes and commenced under the direction of a superintendent the systematic visitation of the sick poor in their homes.

The visiting nurse association is the latest phase of the concerted effort of several nurses for one purpose. There are at present over two hundred of these associations in this country. The visiting nurse must be an especially selected person. First she must be qualified by temperament and heart to enter the homes of the poor as a friend. In order to conserve her enthusiasm, frequent contact with members of her association is necessary. She becomes thus in a limited sense a member of an order. But at the same time that she gives up her liberty in a measure she must have a wider range of initiative of her own, for she often goes to families where there is no physician and no knowledge of sanitary laws. The problems she meets she must solve alone. She must therefore be resourceful and original in a large sense. She is concerned with illness it is true, but when this is severe the district or neighborhood physician is the arbiter of the situation, or the patient is sent to the hospital. The questions that ordinarily present themselves to the visiting nurse are those which concern the prevention of disease or the management of the household. She advises the family, she knows the resources of the city or community in which she lives and utilizes them in the interest of the poor. Thus she opens a sanatorium to one, a dispensary or hospital to another, the fresh air camps to a third. More valuable, however, than this is her instruction in the care of the home. Thus the nursing association is in many places called, the Instructive Home Nursing

Society, or the Instructive District Nursing Society, and the members are known as the instructing nurses.

The visiting nurse is a trained nurse and has always had hospital experience, but to this absolutely essential element in her education, she now receives, in this city, supplementary training in the sociologic work of the Associated Charities. She thus learns how to diagnosticate the diseases of the improvident and the indigent and can often apply the remedy. Notwithstanding the persistence of vicious social conditions and the constant presence of the needy, "For the poor ye have always with you," the visiting nurse does not lose her ardor. Although repeatedly face to face with the most discouraging situations, she yet loses naught of her enthusiasm. There is probably no philanthropy that can show the favored sons of earth the way to help the unfortunate better than the visiting nurse; she is the natural medium between the classes and the masses. Thus, though a nurse by education and training, she has totally different aims from the nurse therapeutic, for she has evolved into a sociologic force. Her hospital is a great floating institution with hundreds of patients, her wards are the wards of the city and her pupils and helpers the people themselves.

One great power of the visiting nurse is the breadth, farsightedness and adaptability which she has attained by living ever among the struggles of the people and making their conflicts her own. The visiting nurse in Cleveland has thus largely succeeded in establishing and maintaining two institutions which without her aid would long have awaited their instalment. When the suggestion was made to the Visiting Nurse Association in this city to co-operate with the Tuberculosis Dispensary and the Babies' Dispensary it was met by an immediate and favorable response and the social dispensary arose as a new force in the community. The social dispensary is a place where the poor are cared for by the physician and followed to their homes and there instructed by the nurse. The social dispensary system is the best means of controlling consumptives who cannot enter the sanatoria and there is no surer way of thwarting that great holocaust, infant mortality, than through the agency of the Babies' Dispensary.

The evolution of the nurse from a therapeutic to a prophylactic force has made possible these two institutions which promise heroic things in combatting the two deadliest foes of humanity. The prophylactic nurse is the chief spoke in the wheel in their machinery. They would cease to exist as effective agents without her. Everyone who has labored in these institutions recognizes this to be true. In the social dispensary where babies are received, the influence of the nurse will

reach its fullest measure. There she will teach as well as serve; teach the mothers how to bathe and feed their children; teach the daughters how to guard the tiny ones temporarily committed to their keeping. These nurses can become almost foster mothers. To the general dispensary, the nurse is just beginning to find her way. The hospital physician knows but dimly the value of her service. But when a feeble woman is dismissed from the hospital, pathologically cured but still physiologically sick and socially bankrupt, and walks the streets until midnight only to faint in her tracks because there is no place for her, it is time that every one should know that the hospitals must tie themselves to the people by some social force. It is the prophylactic nurse who will bring the hospitals closer to the people. The general dispensary and the hospital visiting nurse has more strictly medical work to do than the social dispensary nurse. Her problems are in a greater degree therapeutic and the physician is still the chief director although the patient is no longer immediately under his eye. The visiting nurse is more directly an evolution from the therapeutic nurse than is the community nurse for, as I have already stated, she is first of all a nurse and is educated as one. She passes through the grades of therapeutic nursing and often has served in the hard school of private nursing. As a body the association has great power, and when intelligently and generously directed it becomes a strong co-operative factor in the "mobilization of social forces," notably the social dispensaries and the schools.

The time is at hand when the children in the schools must have closer supervision of their health, and we will soon see another nursing specialty. Indeed this need has already been recognized in several of our large cities. Boards of Education will do well to select their nurses from those who have had prophylactic and sociologic training. School hygiene, school sanitation and child inspection are necessary for "the preservation of the grain." The ordinary contagious diseases gradually cease to be a menace to the child, but tuberculosis begins to increase suddenly as the child enters the school and gradually grows with each year until the fifteenth when it becomes an element of extreme danger. To pick it out and thwart it requires the aid of the school nurse.

Religious nursing orders have existed for centuries and were a development of alms-giving and the religious life of the church; their ministrations were beclouded with superstition and tradition as was the practice of medicine. As science emancipated itself from error and became free, the nursing of the orders followed it so that the institutions which they now maintain are good examples of hospital administration. The Sister is a therapeutic nurse who lives in a community. Recently

she has called to her aid pupil nurses who are trained and graduated from the hospital. To-day the members of the community attend lectures and examinations, some even take degrees in pharmacy in order the more effectively to direct the apothecary department. The Passavent Sisters, an order founded by a Lutheran Pastor, are planting hospitals throughout the country. They, too, care for the sick only in institutions and are therapeutic nurses. These orders have great power and influence for good as well as strong financial standing. Five years ago a community of sixty Polish Sisters approached a Chicago physician stating that they wanted a hospital and asking that he finance the matter. He considered that the labor of sixty devoted women was a substantial asset and had no difficulty in borrowing \$250,000.00 with which to build and equip an institution. The nursing was the attractive feature in the scheme and the part of the whole proposition that made it presentable as an investment. The deaconesses also have hospitals but they carry on as well a system of prophylactic nursing. The large Victorian order of nurses is a lay order or association that provides nurses for individual as well as institutional work. They act as visiting nurses also.

The amateur nurse while not a development of the therapeutic nurse has been distinctly modified by her. The experienced nurse often has distinct gifts. I am sure that I shall never forget a certain one whom I knew on Blackwell's Island. She had served under Metcalf, Elliot, Thomas and Fordyce Barker and was a veritable repository of wisdom. The most efficient typhoid fever nurse I have ever known was an untutored German "hausfrau." These women are admirable coadjutors. The friendly visitor and volunteer nurse also have their place. Probably none give themselves more sincerely and more eagerly to the cause than these women who, by their very contact with poverty and distress, are able to carry back into their world knowledge that bears fruit in a thousand ways.

The mother of young children is always exercising the office of nurse. She is the only one to observe the earliest prodromata of illness as well as to guard the well-being of her brood. In times of health she should always be the head nurse and only resign her position to technical necessity. Her grasp on the psychical side of nursing is much greater than that of any temporary professional nurse, and it behooves both nurse and physician to observe keenly the relations existing between parent and child. The mother can often re-establish the nervous equilibrium of the child and enable "tired nature's sweet restorer" to steal in. The mother is also not infrequently an expert in infant feeding and solves many knotty problems for the nurse. It is a grave responsibility to

separate mother and child, wife and husband at the critical periods of their lives, and I have often doubted the wisdom of it. I have often thought that the therapeutic nurse did not appreciate the latent power in the mother nurse. I hope that I have made it clear that, although nursing is a profession, some of the elements of humanity possess many of its prerequisites and should be utilized.

Dr. Miele, a physician in Ghent, arranged classes of girls to assist him in his work with babies. He taught them the rudiments of nursing and sent them on little commissions. He called them his "Little Mothers" and had many thanks from the tired mothers for the inspiration he had given to the little mothers. All these allied forces get their inspiration from the therapeutic nurse. Such wide spreading branches must indeed have grown from a tree with sturdy trunk and deep root. It is by the patient wrestling with death that the solution of many of the great problems is found. The close, hard thinking by the bedside, the intimate association with the strong mind of the earnest physician, the philosophic facing of a hopeless situation, and the tactful control of a hopeful one, the fearlessness, courage and unwearying patience will contribute to the formation of a permanently elevated character that will send its influence throughout all the fields of nursing.

When one contemplates the extent of the field covered by the nurse and that it is the therapeutic nurse who must keep these fields supplied and that it is the schools that must supply the nurse, one can realize where the responsibility lies for the maintenance of a high standard.

Wherever a nurse finally remains, be it as the hand maiden of the sick, assistant of the physician, or helper of the people, remember that the great profession of nursing is now in a position to weld together many classes of humanity, to consolidate much philanthropic endeavor. Who knows but that the brotherhood of man may finally be realized through the quiet efforts of the nursing sister?

NURSE TRAINING SCHOOLS OF NEW YORK STATE HOSPITALS

BY MARY ELIZABETH MAY

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THE first school was started at the Buffalo State Hospital in 1883 by Dr. Andrews. From 1883 to 1893, a school was started in each of a number of the New York State Hospitals. About 1896 a standard for the minimum training in all the State Hospitals was adopted by the superintendents and a training-school committee was appointed from their number. This committee prepares uniform written examinations for entrance to and graduation from the training schools of the New York State Hospitals. Each hospital decides which candidates pass the entrance examination, and the papers from the examinations held at the end of the junior and senior years are sent to the training-school committee for marking.

At first the teaching in these schools was most elementary, but as time has gone on the course has become broader and now, with the exception of the lack of experience in obstetrics and pediatrics, the course is a full one. The care of the insane is the special work, and the hospitals like best to keep in the service the nurses who graduate from these schools, promoting them to positions of responsibility as vacancies occur in the hospital. The greater usefulness of the graduate is recognized by the State in an increase of salary for each graduate. The following is an extract from the Willard State Hospital Training School Schedule:

“The Willard State Hospital Training School for Nurses was established in 1887. The pupils are selected from the attendants, by examination. The course covers a period of two years, during which practical training is given in the observation and care of all classes of patients under treatment in the wards of the hospital. The number of beds in the hospital is two thousand three hundred and twenty-two and there are opportunities for experience in the care and treatment of not only all forms of mental disease, but also of the acute and chronic illnesses and surgical conditions ordinarily met with in any community, some of which occur with relatively greater frequency among the insane.”

Class room work consists of lectures, demonstrations and recitations on:

- (1) The nursing of the insane,
- (2) Medical nursing (including materia medica),

(3) Surgical nursing, with operative technique, including gynæcological and genito-urinary branches,

(4) Theory of obstetrical nursing with experience whenever cases occur in the hospitals,

(5) Theory of nursing contagious diseases.

Practical training is given in the care of the insane and in the preparation and care of diet for the sick, bandaging, hydrotherapy, electrotherapy, gynæcology, genito-urinary diseases, isolation of patients with infectious diseases, thorough disinfection, operating room technique, preparation and after-care of surgical cases, urinalysis and in materia medica. The nurses are present and assist at autopsies. Massage is taught in some hospitals, though massage is not an obligatory part of the course. A special reference library for nurses is provided by the hospital and the members of the school may also have access to the medical library of the hospital. Lectures are given and quizzes are held by the medical staff, matron and pharmacist. At Willard, the *chêf* instructs the members of the class in the preparation and care of the special diet for the sick; members of the senior class being detailed to the kitchen for practice during their senior year.

The nurses have services of definite periods in the wards for acute medical and surgical cases; for acute insanities (excitements); for acute insanities (depressions, confusions, delusional states); for infirm, chronic bed cases; for tuberculous cases; for convalescent cases, and for epileptics. The clinical instruction is given by the supervisors and charge nurses, principally, and in special conditions by the physicians and matron. All employees of the hospital are instructed in the hospital rules and regulations.

On the wards the pupil nurses are given systematic instruction in:

Deportment toward patients, medical and other officers, supervisors and fellow employees;

Ventilation, temperature and lighting of wards and sick rooms;

General and special cleaning of wards and rooms;

Care and cleaning of scrubbed and polished floors, tile, enamel, marble and metal work;

Making requisitions and receipting for ward supplies;

Use and care of disinfectants and other poisonous ward solutions;

Cleaning of windows, stairways, halls, clothes and dust chutes, toilet rooms, lavatories, baths and bedsteads;

Care, airing, cleaning and disinfecting of mattresses, pillows, bed linen, rubber sheets, other bed protectors, furniture, rugs and carpets;

Care of brooms, brushes, mops, pails and other ward utensils;

Care of wardrobes, bureaus and their contents;

Care of patients' clothing at night;

Care of clothes and linen rooms:

(1) Marking hospital and private clothing,

(2) Marking ward linen,

(3) Arranging clothing and ward linen,

(4) Mending clothing and ward linen,

(5) Care of footwear,

(6) Sending all wash articles to and receiving from laundry;

Care and use of syringes, atomizers, catheters, stomach tubes, ice and water bags, rubber rings, etc., basins, sputum cups, bedpans and urinals;

Care of bed patients;

Collection of excreta for examination;

Serving food to bed patients;

Taking pulse, temperature and respiration;

Making and sterilizing surgical dressings;

Preparation and administration of enemata and douches;

Preparation and application of poultices, stupes, mustard plasters, blisters;

Use of ointments, powders, liniments and other external applications;

Disinfection of excreta, clothing, bedding and person;

Catheterization and bladder irrigation;

Preparations for surgical operation:

(1) Patient, bowels, bladder, skin—for anæsthesia, etc.,

(2) Operating room,

(3) Instruments and dressings,

(4) Solutions,

(5) Personal preparation—toilet, hands, costume, etc.,

(6) Anæsthetist's articles,

(7) The bed and clothing of the patient;

Assisting at surgical operations, and in the after-care of these cases;

Administration of medicines;

Observation of symptoms;

Keeping of bedside notes, charts, records and reports;

Care of patients convalescing from acute illnesses;

Dressing and undressing excited cases;

Getting patients ready for outdoor exercise, guarding and caring for patients during exercise; precautions, attention to rest, toilet, exposure, emergencies;

Attention to patients at table, persuasion of those who refuse to eat, training the disorderly, gluttinous and filthy at table; spoon-feeding, tube-feeding, preparation of food, preparation and control of patient;

Management of patients:

- (1) Tactful, gentle, patient, firm methods;
- (2) Management of violence without physical restraint, destructiveness, mischievous tendencies, persistent restlessness, noisiness, agitation, emotional outbreaks, depressed conditions, delusions, suicidal tendencies;
- (3) Nursing of epileptics, safe-guarding beds, radiators, etc., nursing during convulsions, after a convulsion, of status epilepticus; anticipation of convulsions; auræ, mental states, precautions against injuries and outbreaks. Management of the epileptic—mental condition; nursing of epileptic excitement, depression, automatic and impulsive states. Precautions in the occupations and diversion of epileptics. Dietary of epileptics. Rectal medication.

Nursing of patients convalescing from the different psychoses:

- Special exercises, occupation,
- Special training of apathetic, dull, reluctant patients,
- Diversion of patients,
- Attention to friends of patients and other visitors.

Hydrotherapy:

- Care of hydrotherapy room,
- Care and use of steam boxes, douche table, continuous bath, boiler, ice-box and allied appliances,
- Preparation of patient for bath, effect on pulse, etc.,
- Precautions to be observed during and following bath,
- Technique of the various hydrotherapeutic measures.

Many of the State Hospitals have arranged for their pupil nurses to have experience in obstetrics as required by the Board of Regents.

Around three classes of patients, the more active and scientific work of the hospital centers. These classes are:

- (1) The new cases,
- (2) The acutely sick and surgical cases,
- (3) The chronic, infirm and bedridden patients.

The new cases are admitted on the reception service. Patients with acute illnesses in all parts of the institution other than the wards for chronic infirm and bedridden patients, and all cases needing surgical operation, are transferred to the sick wards if they are confined to bed, ill for more than twenty-four hours. The sick wards are arranged and equipped for general hospital work and the service for chronic infirm and bedridden cases is managed to some extent on general hospital methods.

Several of the hospitals have pavilions for tuberculous patients, and hospitals that have not separate buildings have these patients segregated in wards in the winter and during the summer in tents. Plans have been made for a pavilion for tuberculous patients for the Willard State Hospital and work will probably be started on this building in the near future.

Records of the work done by the pupil nurses on the wards are kept under the following headings:

Practical work,	Neatness,
General efficiency,	Deportment,
Punctuality,	Special cases.
Industry,	

At the end of each month these are signed by the supervisor and physician in charge and are filed, so that the average standing may be made up at the end of the year. These records are sent with the examination papers of each pupil, to the training-school committee of superintendents.

Great progress has been made during the last twenty-five years and there still remains much to accomplish. Teachers who could give their whole time to teaching would be a great help, provided the right kind of people could be found to take up the work.

Dr. Cowles, superintendent of McLean Hospital, in a paper read before the Psychological Section of the International Congress, Washington, D. C., in 1887, on "Nursing Reform for the Insane," says:

"The practical questions resolved themselves, therefore, into one of getting proper instructors and laying a foundation for thorough work in the training. * * * At first a number of trained nurses from the general hospitals were invited into the service. Indeed, one employed as early as 1877, in a common ward for men, remained there five years, but with limited duty. * * * From 1880 to 1885, nine other such hospital nurses were employed in female wards, with a view to gaining their aid in the establishment of our school. With one exception the terms of service of these were only between one and six months; they would stay no longer. One other was appointed superintendent of nurses in 1882, but withdrew after two years; and another, promoted to be supervisor, still remains after three years' service, doing good work also as a teacher. From experience with these twelve nurses, there is ample warrant for saying that their general hospital training had, in some respects, actually unfitted them for 'mental' nursing. * * *

The outcome of it was, that our female supervisor, who had been nearly twenty years in the asylum, was allowed by the authorities of the Boston

City Hospital to receive there a six months special and comprehensive course of training. She was instructed not only in the points upon which her experience was lacking, but she *learned the technique of school methods*. * * * Do not try to begin with a simply hospital trained woman in charge, if better can be done, but regard it as imperative that, whoever it is, she shall have some general hospital training. * * * As a head for the school takes some suitable woman already in the service, used to the ways of that particular asylum and its superintendent and send her to some general hospital to be fitted for the new work; a year's training might be enough. The hospitals are likely to be willing to help in this way; such things were done for some of them in the beginning."

A similar experience to this of Dr. Cowles has been met with by the superintendents of some of the New York State Hospitals who have attempted unsuccessfully to make nurses trained in general hospitals fit into the plan of State Hospital work, and each failure has led to discouragement on the part of the superintendent and his staff and also on the part of general hospital nurses in trying these positions.

On first taking up work among the insane, in 1890, it seemed to the writer of this paper most desirable for nurses graduated from general hospitals to take positions in hospitals for the insane as teachers; this meant, at that time, that a vacancy in the position of matron might be filled by a nurse from a general hospital. When a general hospital graduate has not succeeded as matron of a New York State Hospital, it has seemed to be due to her idea that only general hospital methods were worth while and she has thus antagonized those who have been giving their best efforts for years to improving the standard of care for the insane and who resented interference on the part of anyone so inexperienced in this special work.

The beginning of her work among the insane was under especially favorable conditions for the writer; the hospital was a small one, there being only two physicians on the staff and both of these physicians wanted a graduate nurse as matron; they were most patient with her mistakes and encouraged her in her methods of teaching the attendants. At that time she gave all of the clinical instruction in general nursing. The hospital being small she could come into close contact with the attendants and could especially supervise all the general nursing. She also had time to study the methods of caring for the different conditions of the insane; and she never went on the wards, for years, without learning from the nurses important lessons in tact, patience and skill in caring for the insane. She feels convinced that had she gone into a large hospital, at

first, her time would have been short in this work, because it was three years before she could honestly say, she liked the work as well as general hospital work.

In addition to the plan offered by Dr. Cowles, another suggests itself. Newly graduated physicians come to State Hospitals as clinical assistants in order to get experience in this work; if a similar arrangement could be made for nurses, so that those graduating from a general hospital could come to a State Hospital as clinical and class room assistants and for the study of State Hospital methods, it would constantly bring in the latest methods in general hospital work and would also benefit the nurses who would thus be better prepared for any work institutional or private. Appointment to the position of matron in a New York State Hospital is made from a civil service list of names of those who have taken the written examination for this position. There is plenty of work to be done, and the work is just as important and calls for as high qualities on the part of the pupil nurses and instructors as any other form of nursing service. The realization of the importance of these high demands has given the chief impetus toward development and improvement of the nursing service among the insane.

THE EARLY TEACHING OF NURSES AT THE SALPÊTRIÈRE HOSPITAL, PARIS *

BY MADAME P. GILLOT

Ancienne Directrice des Ecoles de la Salpêtrière.

FIFTEEN years ago, the Salpêtrière Hospital was entirely unlike any other of the hospitals in Paris. Its distance from the centre of the town, its important buildings, its immense gardens and its beautiful avenues of old trees, gave one, on entering, the impression of a pretty little provincial town, where the mind could repose in perfect calm. The population, too, was far from being a noisy one. It was, and is still, composed of old and infirm women, lunatics, and those suffering from nervous complaints. Poor creatures, all of them, to whom perfect rest and quiet is a necessity.

As to the staff of the hospital, it was composed of two distinct elements. The first consisted of young girls from the provinces, Bretons for the most part, called to Salpêtrière by their friends or relations, who were already employed there. The second element

* Read at the International Conference on Nursing at Paris, June, 1907.

was composed of families, parents, and children who sometimes for three successive generations had been employed in the establishment. We can imagine the profound dissimilarity which existed between this staff and that of the other hospitals, supplied in so different a manner. Trained by tradition, as one might say, the nurses of the Salpêtrière followed in the steps of their predecessors; so much attached to the house, that sometimes they refused all preferment rather than leave it. In 1835, a preparatory school was established in the interest of the ward maids of the hospital. It consisted of three or four classes, and did duty till 1845, at which epoch it was closed under new management. After that, no attempt was made to re-establish the school, and those of the ward maids who wished to improve themselves, could only do so by applying to one of the officials, who, in return for a small salary, would teach them to read and to write.

When, in 1878, it was decided to start a training school for nurses at Salpêtrière, it was found that the greater part of the staff (with the exception of the children of the officials and some of the nurses) were incapable of following the lectures with profit, or to write the compositions that were required of them. The idea was then formed of re-starting the primary school, and it was opened in 1878 with sixty pupils. The "Cours" were held every evening, and the pupils were divided into classes which, by reason of the inequality of the knowledge of the pupils, were again sub-divided into several divisions. The greater number of the girls could neither read nor write, and a certain number, by reason of their Breton origin, could not even speak French. In 1888, out of seven hundred and twenty-eight pupils who attended the lectures, two hundred and ninety-three had acquired there all their primary knowledge.*

In 1891, the organization of the school remained the same. The division of the two classes still existed. They were held every evening from seven till nine o'clock. Three days were reserved for the pupils of the first or superior class, and the other three days for the pupils of the second or elementary class. But the law on compulsory education has now commenced to bear fruit: the number of "illiterates" has greatly diminished, and the result of instruction becoming more general is that the best pupils are able to be prepared for the certificate of primary studies.

Of the program of the studies, there is no need to speak, because it is the same as that for the evening classes for adults. At the same time we must notice one important innovation, which makes this course of

* Stated by Dr. Bourneville.

primary instruction a preparatory course for the professional teaching. It is, that the readings and the dictations are of a special kind. The lessons in orthography are taken out of English hand books of nursing. treating of the care of the sick and insane; the ordinary reading lessons are compiled from the "Practical Manual of Nursing," by Dr. Bourneville, in the parts corresponding to the lessons given by the professors. This enables the teachers to make in some sort a repetition of the lectures, and to give to the pupils any explanations on points which they have not understood. As for the dictations, they have almost always for object, subjects touching on the duties of nurses.

This teaching would be incomplete without moral instruction. To this end, we and our teachers profit by all the circumstances which offer themselves to call the attention of our pupils to the high character of their mission, to the necessity of absolute probity and of a demeanor inspiring at the same time both respect and confidence. We tell them of the importance of the moral side of a nurse's work, and how after having cared for the body, they can by kindness and sympathy assuage mental suffering, often sadder and more difficult to heal than physical suffering. And at times a simple remark made by one of the pupils proved to us that our words had been heard with attention, and had found an echo in the hearts of our listeners. We must say that these good girls have left in our memory very good impressions; moreover on consulting our notes, and those of our teachers, we do not find in the space of ten years one act of insubordination, or one serious complaint. The only remarks which occur fairly often are: "a little frivolous" or "giddy," or "talked in class." This is nothing to speak of, and only to be expected at the age of these young girls, who, in taking their places on the school forms, find again the faults of their youth. On the contrary, we cannot but admire the courage of these brave girls who, at the close of a day given entirely to a hard and sometimes repugnant labor, still find themselves able to spend two hours in serious work, which is laborious to all, and difficult to many.

Several years have passed since the period of which we have just spoken, and the silent little town of Salpêtrière has undergone many transformations. It still possesses its majestic buildings, but at the side of them new premises have sprung up. The beautiful gardens and shady avenues of old trees are still to be seen, though it has been found necessary to do away with certain of the gardens, to reduce the length of several of the avenues, and to sacrifice some of the trees. In the middle of the ground was found formerly an enclosure, which was known by the picturesque name of "the meadow." It no longer exists,

and in its place has arisen the new school for nurses, constructed, as we are told, with all the comfort and all the advantages of modern buildings. What will this new school do? What pupils will it receive? What will be the value of its nurses? How will they be trained? These questions have already caused much ink to flow, and raised many controversies. It seems to us that the answer to these three questions is very simple, and may be thus expressed.

The new institution being entirely in the hands of the Administration will be exactly what the Administration will make it. The school that has just been founded at Salpêtrière being "a public institution designed to train nurses for the hospitals" will be for the nurses the same thing as a training college is for teachers. So to assure the good working of this school should we not do well to follow the methods of the training colleges for teachers, which have been working for so long and with such good results? In both institutions the work is theoretical and practical. For the teachers the lessons in theory are given by special professors; for the nurses they will be given by members of the medical profession. The practical teaching is given for the teachers in the primary schools belonging to the training college, for the nurses it will be given in the hospitals. Thus the regulations in both cases necessitate the pupils being boarders. (We know that at Salpêtrière a few day pupils are taken, but only as exceptions.)

At the head of all training colleges is found a directress who assures the order and discipline of the house; she takes also all responsibility, and all authority is in her hands. We wish that this was the case at Salpêtrière, that there was a directress solely responsible for the good order and the discipline of the school, and possessing alone the necessary authority to rule in the house. A divided authority has never given, and never will give, any good result. Besides her administrative functions, the directress of the training school is charged to give to the pupils a course of lectures on morals. We wish that it was so at the nursing school that a course of lectures on morals could be instituted and given by the directress.

We have cast our eye over the program of the studies; we find there lectures on theory given by doctors, and practical teaching given in the wards by the "sisters," and that is all! We strongly regret this omission of moral teaching, for if there is a profession in which it is necessary to make appeal to generous and devoted sentiments, and to awaken them where they exist, it is in this profession of nursing. Without doubt there are among the young girls of our hospitals those with good and brave hearts, who give to the unfortunate and suffering those two most precious

gifts, youth and health. But something else is needed besides the impulse which leads them to give themselves to this work. We would wish to develop in them a firm and dependable spirit, which will exercise itself unceasingly and by a determined act of the will towards all. To the irritable and exacting patient, to the old, embittered by age and infirmities, to the child who asks only for its mother and recoils from the nurse without understanding anything of the care she wishes to give!

And then it has been said, and we repeat it, modifying only some expressions, the training school must not only be a school of instruction, it must be also a school of education. The pupils must carry with them when they leave firm and strong principles, elevated and generous sentiments, which will lead them as nurses to the height of their profession, and make them as women worthy of the respect and esteem of everybody. The school having a good strong organization, excellent lectures, a doctor and sisters suited for the posts that have been confided to them, we have now to consider the stumbling block. How to recruit the pupils?

We declare sincerely that we do not wish to make any criticisms—we should find the moment badly chosen to criticise our institutions—but we feel bound to say this: If the Administration recruits its pupils in the same way that it is doing now, it will obtain no good result. Its labor will be lost. Cannot we inaugurate the system of recruiting as it exists in England and the United States? (The probationer must address to the matron a written request describing the position of her family, the instruction she has received, her previous employment, etc. She must then submit to a medical examination. It is left to the matron to decide whether she will be admitted or not.)

In what social class must we seek by preference for pupils? There are two opinions on this question. The one is, that it is only ladies that make good nurses. The second differs absolutely. "Ladies will be pretentious and vain; they will always be difficult to manage." We think that there are exaggerations on both sides, and that a middle course can be found. It is undeniable that a lady can accomplish—by reason of her superior education—many things to which a woman of less social standing could not attain. But here we must stop to consider the true meaning of the term "lady." For us we estimate in the strict sense of the word that a lady is one who has received a good moral education, and this person we shall find in all social ranks in the same way that we find her exact opposite in all degrees of the social ladder. It is this woman of "good moral education" that we must seek for before all

else. If, in addition to this, our pupils are ladies according to the usual definition of the word, there will be no need for us to complain.

CONCLUSION.

1. We wish that the new school at Salpêtrière shall be considered to be a training school for nurses.

2. That the directress shall have the sole responsibility and management of it.

3. That lectures on morals be added to the lectures on theory and practice indicated in the program, and that these lessons be given by the directress.

4. That the present method of recruiting the pupils be absolutely abandoned, and that the pupils of the new school be admitted as far as is possible according to the English plan, that is, with the advice of the directress after a strict inquiry as to the morality of their conduct, and the surroundings in which they have lived.

THE ACTUAL CONDITIONS OF FRENCH HOSPITAL NURSING

By A. M. F. COLE

It is at the request of a well known American nurse, now working amongst the poor of Paris, that I write this paper for an American journal. In *THE AMERICAN JOURNAL OF NURSING* we have read comments on French nursing, and French hospitals, which show clearly a misapprehension of the present condition of both. The same mistaken impression prevails in England; and I have written, without prejudice, to an English journal, giving simple facts on both subjects.

I came to Paris expecting to find secular nurses carrying their profession further than may be possible for nuns, part of whose time and energy must be given to their religious life. An American nurse, an English nurse, a French lady with an extensive knowledge of French hospitals and nursing, and I have now, for some time, given attention to the subject of nursing in French lay hospitals. It is from our collective experience that I write now.

Certain hospitals, built and supported by private charity, and not at the disposal of the government, are still staffed by nuns. Amongst these I may mention "St. Joseph's;" built by a private benefactor for the Sisters of St. Vincent de Paul, driven by the government from other hospitals; and the "Pasteur" adjoining the Pasteur Institute. In both

these hospitals we found excellent nursing; skilled, intelligent, and attentive; most considerate treatment of the patients; and discipline, order, and careful management throughout the institution. Excellent as these, and other hospitals under religious management undoubtedly are, the fact remains that nurses who are members of different religious communities, subject to various rules and superiors, cannot receive the professional training, discipline, and testing, necessary for the making of a uniform standard of hospital nursing. For that reason, the excellence of these religious hospitals did not prejudice my mind against the action of the government in substituting lay for religious nursing, in the great general hospitals. Some loss in tone and affection I anticipated. It seemed inevitable where voluntary service, for the highest motives, often by women of good family, gave place to work on a commercial basis by women of the working and commercial classes. But I expected to find a uniform training, discipline, and progress in the secular staffs, chosen and paid by the government.

Astonishment was my first sensation when I saw the nurses, and the nursing, in a first-rate French hospital. Physicians, surgeons, appliances, structures, were splendidly up to date. The nurses were untrained women, generally without desire or obligation to be trained, hired to attend on the patients, by the day or the night, paid good wages from the beginning, allowed either to live on the premises, or to live in their own homes. Often they are married women, working in the wards in addition to their own domestic duties. These women, many of whom look neither clean nor tidy, come into the wards that are faultlessly antiseptic and germ-proof, their ordinary clothing covered by a white linen blouse, often crumpled and put on anyhow, aprons tied untidily round their bunched figures, small muslin caps, often on untidy heads. Such, some a little better, some a little worse, are the "*infirmières*," or ordinary ward nurses in the laicized hospitals of Paris and of France. If they live in the hospital the accommodation provided for them is such as to prohibit the service of any superior class of women. Crowded dormitories, the beds almost touching each other, without sufficient furniture, tenanted by a majority who have to be forced to take a weekly or fortnightly bath! Bribery, by tips from patients and their friends, is a generally understood condition of extra attention, or indulgence, from *infirmières*. They are generally of the charwoman, or servant class, more or less respectable, kind, or intelligent.

The head nurses (*surveillantes*) in charge of so many wards, or of the patients under one physician or surgeon, have authority over the *infirmières*, and are responsible for the ward management. Generally

they have attended some course—or even courses—of instruction, and taken diplomas; but that is not obligatory. They sleep on the premises and may, in an emergency, be called up in the night. Except some difference in the cap, their uniform is like those of the *infirmières*; but theirs is generally neat, and well put on. Some are well informed, skilful, and experienced. But no standard of training or proficiency is specified, as necessary for a *surveillante*.

Such—in brief and bare outline—is the actual state of nursing in the lay hospitals of France generally. Those of Bordeaux, or sprung from Bordeaux, are under English management, and have no bearing on the subject of French nursing.

M. Mésureur seems to realize the gravity of the situation, produced by the ending of the old order, without any provision for the new. He is face to face with a vast difficulty. Any radical change in the present state of hospital nursing must begin with another general turning out. Unless, after that, *surveillantes* were imported from America, Ireland or England; and teachable young women engaged as *infirmières*, I do not see how training could be begun. Probably such a scheme would be condemned by a majority of the government.

So M. Mésureur will begin a reform by the training of nurses, by lectures, and by hours of ward-work in the hospitals. It seems that these pupils will not belong to any special hospital during their training. It is probable that some scheme will be thought out for their future employment and accommodation, before their training is finished. Under present conditions they could not live, or work, in any of the lay hospitals of Paris. Several private training schools have been in existence for some time. At the Salpêtrière a large public training school is already built. Probably this attempt to provide a number of trained nurses is the most that can be done at the moment.

Seeing the hordes of untrained women employed in the numerous and vast hospitals of Paris, the ignorance and indifference of public opinion with respect to hospital nursing, and the disrepute into which hospital nursing, as a calling, has fallen in France, it is plain that M. Mésureur is face to face with a situation too grave for any speedy mending. The fact that he realizes that situation, meets it honestly, and makes some beginning of a reform, is the only cheerful aspect of the subject. I write of what I know and what anyone may know who will visit the hospitals of Paris *under ordinary circumstances and as ordinary visitors*, ask for information from officials, and draw casual details from patients, and patients' friends.

NOTES FROM THE LOG-BOOK OF A VETERAN NURSE

By GRACE HOLMES

Graduate of the Wisconsin Training School, Milwaukee, Wisconsin.

THE following collection of items I beg of you, indulgent reader, not to regard as reading matter claiming the dignified title of "an article." I was asked for an extremely practical paper which might prove helpful to the many readers of the JOURNAL who are scattered throughout our country, far from the possibility of exchanging notes with others of our craft, and with that object in mind I am emboldened to put together such items as follow because, even in this busy progressive centre of nursing, I not infrequently find an able and experienced nurse to whose fund of practical knowledge one or another of these suggestions becomes a welcomed addition.

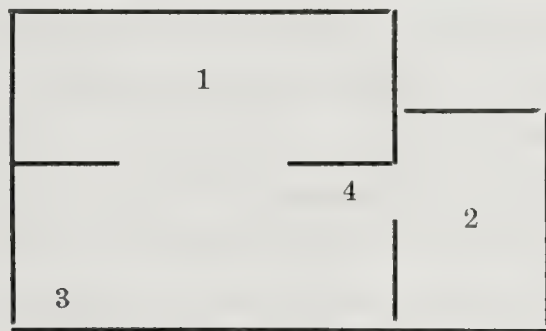
I believe there is no life work which is engaging the attention of women to-day, in which little things count more than they do in the work of a nurse. And in making this statement I deliberately except not even the life of a busy mother of young children. Little things,—the dogged persistence of the search for even one crumb under the sensitive back of a patient—the loosening, almost by a hairsbreadth, of a too snug bandage—the faithful care of a nipple—the exceeding niceness of adjustment of a cotton pad under the collapsing arch of a foot. Where do little things count more than in these and a thousand other details in the life of a watchful nurse?

I am not speaking now in behalf of the patient, but in the interest of the busy nurse herself. My Alma Mater was manned by able women from Bellevue, and one of the lessons which they most carefully drilled into us was that "anything which makes for the convenience of the nurse contributes to the comfort of the patient." At first glance one might feel inclined to question this statement, but, at the end of fifteen years of nursing, I am of the opinion that it "works out."

Of course we were taught—in common with all other nurses from all other schools—that when a nurse enters the home of a patient, she should not demand all sorts of things which the family cannot afford to buy—that she should not turn the house upside down in her effort to get things fixed the way she likes to have them—till every one in the house wishes that the doctor had not insisted upon a trained nurse. "Well," says my busy reader, "hurry on, we all know that!" Yes, we all *do* know that lesson, and that it is a good one not to forget, and

yet I sometimes fear that in some schools this lesson is taught to the exclusion of the other sane Bellevue maxim.

I was led to this conclusion and to an impulse to raise a voice in protest when, in a recent case, I was called to be assistant to a nurse who had been out of school only six months. The accompanying diagram shows the comfortable little suite of two rooms and bath, in which I have marked only such things as bear upon my point. Upon arriving, I found the nurse almost ill from fatigue after struggling on for two weeks alone. By the time she felt that I was thoroughly enough instructed to be left alone, my well defined affinity for small conveniences had prompted me to ask a few questions on my own account, the last one being if she would consider it an impertinence if I should rearrange things a little in the rooms. I put this question with fear and trembling, for I have a dread of making a young nurse feel that I am criticising. However, this one was just tired enough to answer that she would be glad to have me do *anything* that would make the work easier.



Now this nurse was a woman of brains, conscientious, and of charming personality, yet she had been so carefully taught that the nurse should assume, so far as it is possible, all the burdens of the additional work incident to there being sickness in a household, that she had made no changes of any kind in the arrangement of the sick room, though she was well aware that some were needed. Consequently, she was working on the right side, *i.e.*, the wrong side, of a double bed, though the patient had become quite helpless, delirious, and was having frequent involuntary evacuations of the bowels and a persistent dribbling of urine.

Three hours after I was left alone on duty the patient was—not on a single bed, for there was none available—on a cot which answered surprisingly well during the remaining weeks of sickness. To be sure the cot had to be brought from the barn and it took three members of the family to effect the change—yet the help was gladly given. The only other alteration in the arrangement of the room was to move the medicine table from its position at 3 to 4—thereby bringing it in the direct line of march between 2, the bathroom, and 1, the patient's bed.

Having something of a mathematical turn of mind I computed that, taking into account the size of the room and the number of trips which we would necessarily make across it, we effected by this seemingly unimportant change in the position of the table, a saving of *two miles in twenty-four hours*. Now I thoroughly believe that any nurse will be the better for a two mile walk on any day, yet I would recommend that such walk be taken straight ahead and in the open air.

This case was an uncommonly interesting and instructive one, being erysipelas, from which not one inch of cuticle escaped. Catheterization had been necessary at first, then for several days the bladder was emptied voluntarily. Again, at the time of my arrival, there was, as I said before, almost constant dribbling. To our infinite surprise, upon catheterization the bladder was found to contain thirty-eight ounces of urine. Subsequently by catheterizing every eight hours, the leakage was absolutely controlled; also, by the use of large high colonic flushing we reduced the number of stools materially. I would suggest this method as a regular procedure for the controlling of these troublesome conditions, always, of course, with the physician's permission which, save in special intestinal cases, I believe would almost never be withheld; for physicians dread bedsores as much as we do and know how difficult they are to prevent in cases of long illness. When involuntaries are inevitable, an 18 x 18 inch pad, such as is in common use for obstetrical work, is very helpful,—two thicknesses of the commonest cotton bat, covered with the cheapest grade of cheese cloth, not sewed at all unless the patient is very restless. This can be burned, and will cost less than the washing of sheets. Also in "cleaning up" these and obstetrical cases, this common cotton makes serviceable sponges, for it *will* absorb warm soap suds or lysol solution, and costs so little that it is gladly furnished by many families who could not be asked to supply absorbent cotton for such lavish use.

Another extremely satisfactory experiment which we tried in the above case was that of twenty-four, instead of twelve hour, reliefs, the change being made at ten A.M. The nurse going off duty at ten (if the case is not contagious) has time for a walk, a bit of shopping, or a call, before luncheon, a good afternoon nap, up for the pleasant family dinner, to bed early, a leisurely rise in the morning, and comfortable breakfast, a walk, and she is ready for duty at nine or ten when, if necessary, an hour can be spent together over the heavy work. Then the tired nurse is relieved by the fresh one who brings to her work a nice feeling of having had time to eat and sleep and breathe and who is by no means tired out at bed-time but stands the night on duty without

special fatigue and with a comfortable feeling that she has something good coming. In all my years of work I have never spent a more comfortable fortnight and, while I well know that not all cases can be taken care of in this way, yet I do urge a fair trial of this plan where it is possible.

A certain labor saving device very dear to my heart is one for keeping a supply of ice upstairs at night. Take from one to two quarts of chopped ice, from very small pieces to others the size of an egg, place in a clean towel or napkin and suspend into any large pitcher, securing it at the top so as to prevent the ice from touching the drained off water. Wrap the whole over and around with a wet bath towel, which towel must be kept wet. Now place in an open window. Ice can be taken out from time to time during the night and at breakfast time some of the larger pieces will still be found unmelted. Milk, in a Mason jar, wrapped in the same way, in an open window, will keep cold and sweet for the night's use.

A tiny device called the "Universal gas stove," which fits over any common gas burner, will hold a dish large enough for boiling a catheter or heating a little water and saves many trips down to the kitchen, costs ten cents, and should be obtainable in any gasfixture or hardware store. The common little medicine dropper has many uses beside that for which it was originally designed. One can be more sure of a baby's swallowing a dose of medicine if it is delivered well back on the tongue by means of a dropper. A dry fever tongue can be moistened all over by the same device, as can also the tongue of an unconscious dying patient, when the risk of choking makes it impossible to accomplish the purpose with a spoon. The ordinary two quart rubber water bottle, half filled with cold water, placed under the base of the brain will do much to tide a patient over a day of exhausting summer heat and does away with many of the cool spongings which might otherwise be necessary, saving nervous and physical energy for both patient and nurse.

When the linen supply is very limited, and towels are hard or impossible to get, a little talcum powder sprinkled on the bed pan will prevent it from sticking to the moist skin of the patient and save that extremely unpopular accident which will sometimes happen in spite of the utmost care. And now last, but in importance by no means least, is an experience which has made a profound impression upon me. This is by no means original with me, yet the experiment has proved so pronouncedly successful that I would feel that I had failed to perform a plain duty did I omit relating it.

The four-months old daughter of my neighbor was a malted milk baby, very tiny, very happy, contented, a good sleeper, evidently she had no complaint to make of her diet, yet she had an undertone of blue in her coloring and a suggestion of frailty in her general appearance that kept us always apprehensive and uneasy. Further, she had a marked tendency to become, not chafed, but badly excoriated—and she is of clean, healthy parentage. About the middle of June orange juice was added to her diet, from a few drops working up rapidly to a teaspoonful twice a day. Improvement was almost immediate. The blue tint gave place to a most satisfactory pink, and by the end of a month she no longer looked like a frail baby and the tendency to become excoriated had decreased very much—indeed almost disappeared.

An eminent children's specialist explains the action of the orange juice thus: Orange juice is added to the diet of a nursing baby to supply the proteid iron which is found in vegetables. Could we feed tomatoes, cucumbers, etc., the result would be the same. These vegetables, however, upset a baby's stomach which, for some unknown reason, orange juice rarely does. Why some babies thrive without this supplement to the diet, while others do not, is a mystery, yet that they do is a well-demonstrated fact. I believe it is quite within the province of a nurse to suggest this addition to a baby's diet and I most earnestly commend it to the serious consideration of any one coming in contact with a delicate baby.

A NEW CRANFORD—CONTINUED

BY ISABEL McISAAC

CHAPTER III. OTHER PEOPLE'S CHILDREN

OUR old friend Christine used to say, with grim Scotch humor: "The reason why there are so many old maids in the world is to care for the married women's children."

Her remark was apropos of certain women who found it so easy to drop their progeny in the hospital, along with their responsibility, leaving the nurses to do not only the nursing, but a thousand mother duties as well, while the real mother did a full quota of shopping, matinees and horse shows. Christine also got her feelings agitated by the numbers of nurses and other self-supporting women working night and day to help care for nieces and nephews whose parents proved unequal to the task.

If a vote were taken to decide which is the greater offense, "race suicide" or the wicked negligence of children already existing, the vote of nurses would no doubt be for the latter.

The question which interests Euphemia and me more than any other is why so many childless married men and women are unwilling to do any thing for the tens of thousands of homeless children. The number of childless married people constantly increases and the number of men who abandon their families is appalling in frequency. In every community and neighborhood may be found homeless children thrown upon the charity of the public, and it is amazing how infrequently that charity comes from the better class childless home. Either the homeless children find shelter in public institutions or some household where there are other children crowds these a little closer and finds food for another little mouth, or some childless working woman shares her loaf with them.

To read the reports of charity organizations, one might think that the abandoned and neglected children all come from the poorer and ignorant classes; and while poverty is probably the most common cause, the number of children whose connections and antecedents have been and are among the educated and better classes is great enough to cause an outcry of protest against such monstrous offense.

Here are four instances which have come to our knowledge within less than two years. A ten-year-old child, left an orphan, the nearest relative an aunt, wife of a professor in one of our great universities who declined to give the child a home. The child is now in a charitable home. A six-year-old child whose mother left her father. This father, who drinks, belongs to an old respected New England family. The child was in eight different institutions and boarding places before she was rescued and adopted by an unmarried woman, a nurse, who earns her daily bread. A fourteen-year-old girl, whose mother died when she was born, and whose father never provided for her or ever saw her after the mother was buried. The maternal grandparents cared for her as long as they lived and then good friends with a child of their own took her in. A family of little children left orphans and penniless by a father who had always had a liberal salary, but who spent it upon himself and ran in debt for the maintenance of his family.

Discussing the subject recently with the father of eight he spoke of an acquaintance who was childless and who had been urged by this man to make a home for some child or children, but who replied: "It is too great a responsibility, one never knows how they will turn out," to which the Father of Eight replied: "Would you know any more if they were your own?" No stranger's child could ever bring a minimum of the shame and sorrow into a family that a son or daughter may, and to give them a chance is only a matter of a few years of shelter, food, clothing, school books and teaching them how to care for themselves. They

need not be a great expense, they need not be indulged with luxuries and brought up in idleness, but simply given a chance to work out their own salvation when they are old enough to understand.

Of all the numberless questions about Cranford, prompted by kindly interest or curiosity, none is more frequent than "How about the boys?"—there are two now, Fourteen Year Old and Seven Year Old—our answer is always "They are all right." Care, anxiety, annoyance, hard work and self denial, yes, but worth it, no chance to get morbid nor waste time on introspection while the demands for buttons, whole stockings, clean faces, and full stomachs never cease, and exactly one thousand questions in every twenty-four hours require to be answered while one hundred and fifty "scraps" need to be arbitrated with impartial exactitude.

When Fourteen Year Old is pumping water for the flower beds and Seven Year Old kicks him because he does not stop instanter and give him a pop-gun, and Fourteen Year Old responds by calling Seven Year Old "a little devil," it requires a judicial mind to mete out the proper punishment. Seven Year Old has a busy tongue, a lively imagination with amazing descriptive powers and a great faculty for spilling, dropping and bumping into everything. Fourteen Year Old is slow, quiet, extremely neat for a boy, and vastly patronizing to his junior. In all the range of nursing there is nothing more satisfactory than taking a sick neglected patient and making him clean and comfortable, and the same kind of satisfaction comes by seeing two young rascals clean and wholesome starting off for school. They will come home trowsled and hungry at night, full of tales about good or bad lessons, play or fights with other boys, the trains, boats, automobiles, and a thousand other things which must have close attention. Euphemia and I used to look forward to long, quiet Sunday afternoons for reading, but they do not materialize. We recently had a visit from a Good Lady who thinks smoking and playing games on Sunday are the chief sins of mankind. We do not altogether agree with her, having been brought up in an atmosphere of tobacco smoke and with a leaning toward the continental idea of Sunday afternoon.

On this particular Sunday, our two, and three other boys, went swimming after Sunday school, and we hoped would stay away until the Good Lady was safely gone, but as luck would have it a thunderstorm came up and the whole five gathered up their dry clothes and scuttled home across the golf links in their bathing suits, and after depositing their clothes in the barn, ran whooping around and around the house in a deluge of rain.

We long ago ceased trying to explain things to other people and so Euphemia remarked, as if it were the most natural every day occurrence to see five boys from seven to seventeen in bathing suits racing around the house: "I think the boys are back."

Other people's children must be cared for, and the only solution of the problem seems to be for all the childless people to turn to and do it. We need more practice and less precept on the subject. The public institutions are mighty poor substitutes for homes. There is something in institutional life at its very best which takes initiative out of adults and benumbs and blights a child.

The poorest kind of a decent home is better than the best institution. Euphemia declares she had rather take a street gamin than a child who has been blighted by several years in an institution. The children are crying for homes, and how any childless household can close its doors and sit down comfortably, deaf to their clamor, passes all understanding. Christine is probably right as to the mission of old maids.

NURSING IN MISSION STATIONS

A LETTER from Miss Margaret Strathie, of the David Gregg Hospital, Canton, China, says:

"IN the first place, I have been a subscriber to THE AMERICAN JOURNAL OF NURSING ever since it started, I should miss it more than ever could I not have it out here. I read almost everything in it, some of the articles are especially helpful; the April number this year with Miss Biermann's article on massage was to me most interesting, as along with my study of the language I have been trying to teach a blind girl (who was educated in Dr. Niles' blind school) to give massage. It has been very uphill work; it was so difficult to get an interpreter at the right moment, but part of two days last week I was able to get one of our little doctors who speaks English to help me put the article into Chinese. It is particularly interesting to the Chinese in that it is a work that is returning to China after three thousand years. They still give a massage with both hands closed. I am hoping that the teacher will have the article in shape in a week or so, so that the nurses can copy and read it off to the blind girl who, in turn, will copy it in her way; they use the Braille system.

You ask how the students turn out. Dr. Fulton graduated one just after I came. She is a very good nurse. This fall two more will graduate. They do very well as far as they know. I have not been able to give them as much time as I would like, as last year I put in all of my time on the language, and this year I have still to put in several hours each day studying. Besides the blind girl I have only four pupils, but after this fall I hope to have a much larger class, when I shall be able to give them more of my time. Hospitals everywhere are so anxious to get them, and there is a good-sized foreign

community here, beside nearly a hundred missionaries. We cannot begin to supply the demand, but I felt it was better to have as few as possible until I got better acquainted with the language. We have only one book thus far for them to study from and it was compiled by a number of doctors up north. The translation of Mrs. Robb's book is not finished yet though both Dr. Niles and Dr. Ruth Boggs are working on it.

I am the only nurse trained in America in active work here. There are several who married before coming out and there is, in the Canton Hospital for men and women, a graduate of the Royal Infirmary, Edinburgh, in charge, or at least she will be after she gets the language. I am a graduate of the Presbyterian Hospital of Philadelphia. I am very happy to be identified with China at this time when women are coming to the front in education. In connection with this hospital there is a medical school for women with thirty-two students. At Chinese New Year seven graduated and the Viceroy sent three watches to those standing highest in the class; it was a great day for them. In this year's freshman class there is one girl from Hainan and two from Foochow who must put in an extra year studying this dialect. The regular course is four years. The nursing course is two years. We have room in the hospital for about fifty beds. There is a great deal of abdominal surgery. The women are waking to the fact that something can be done for them. Day after to-morrow we operate on one, and two more are waiting their turn. Until we get more nurses the medical students "special" the laparotomies for two or three days. There is a great, great work being done here in Canton alone, for women, and yesterday our women's conference was addressed by a Miss Spenscer from Iowa and a Miss Paddock, at present in Shanghai, both intensely interested in Y. W. C. A. work. They came here to find the sentiment in regard to establishing a branch here, so this fall a lady comes out who will study for two years, and next year an assistant will be sent out. Long before they have the language they will be overwhelmed with work, there is so much to be done in every branch. A young lady is going in training this fall for kindergarten work. As she was born in China, she will be ready for work in a year after she arrives."

ANOTHER account of St. Luke's Hospital, Tokyo, is given in the August number of *Spirit of Missions* by A. M. Clark.

"It was my good fortune last summer to spend two months as a patient in one of the private wards of St. Luke's Hospital, Tokyo. Only one who has been taken ill alone in a foreign land and laid up in a hotel far from clean, with no attendant who can speak or understand your language, can appreciate the great relief of finding one's self under the hospitable shelter and skillful treatment to be had at St. Luke's. There are many of our own countrymen and people of other nations in Tokyo who, but for St. Luke's, would had small chance of recovering from serious illness, and who, during a long sickness and convalescence would have had to dispense with all the little comforts and mitigations to be had at home.

Though St. Luke's has been erected as a means of bringing the Japanese under the influence of Christianity, we must not therefore neglect our own

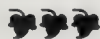
countrymen or those of other foreign nations who sometimes in illness need our care as much as the Japanese themselves. Therefore, English and Americans, French, Germans and Russians, all are cared for at St. Luke's together with the Japanese. And the fees paid by the foreigners assist in extending the work among the Japanese.

There are nine private wards in St. Luke's, all spotlessly clean and as cheerful and attractive as our home rooms. The floors are of hard wood, with blue and white Japanese rugs, the furniture is well chosen and the walls are painted a warm buff color, so that the general effect is sunshiny and cheerful. During the hottest weather Dr. Teusler was at the seaside, but remained in telephonic communication with the hospital, and came up by train to Tokyo whenever sent for. The head nurse, Araki San, who has been trained in America, was also taking her summer vacation, and several of the other nurses, too, and yet all the daily routine went on and the patients were cared for as if the full staff had been present. The Japanese assistant doctors are very capable and at least one of them is always in the building. The Japanese girls trained here make excellent nurses. Four of the present staff speak English quite well. They are bright, happy little creatures who seem to enjoy their work, and so small that they look almost like children as they come solemnly around with their little watches and thermometers to take the patients' temperatures."

NOTE.—A trained nurse is needed in the Anatolia College Hospital, Marsovan, Turkey in Asia. It is a wonderful opportunity for some Christian young woman to identify herself with the beginnings of medical missionary work in a foreign land. It will need a woman of exceptional ability, as the work is important. There are about twenty-five Americans in the compound, and the social life there is delightful. For information, address Miss Edith B. Hoover, Hershey Hospital, Muscatine, Iowa.



NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

PHYSIOLOGICAL ACTION OF TEA AS A BEVERAGE.—*The Practitioner* says: Lauder Brunton believes that tea, when properly prepared and taken in moderation, is both useful and agreeable. The avoidance of danger from impure water is not the only advantage to be gained by drinking vegetable infusions. Tea is a stimulant, and the use of stimulants is almost universal. The effect of tea, coffee, or cocoa seems to be threefold—on the circulation, on the spinal cord, and on the brain. When these substances reach the circulation, the flow of blood through the brain is increased, the brain cells are supplied with extra nutriment, and thought is quickened. It is probable that the brain cells themselves are affected by tea or coffee, so that communication between them becomes more rapid, more complete, and more permanent, than under ordinary circumstances. But it must not be forgotten that these substances tend to keep up mental action when it is not needed. Thus sleep, which restores the tired brain, is prevented. These beverages lessen the sense of fatigue and give a sense of wellbeing and of power, and actually add to the power of endurance. Tea is liable to abuse, and may then bring about most disastrous results. Tea may interfere with nutrition by lessening the feeling of hunger, by rendering food less digestible, and by interfering with the digestive power of the stomach. The different kinds of tea vary in the amount of tannin which they contain. The leaves should never be boiled or stewed. Boiling water should be poured on the leaves, and after standing for a few minutes should again be poured off. Taken with meat, it toughens the fiber. Hard water and water containing iron do not make good tea. A pinch of bicarbonate of soda, when hard water is used, improves the infusion. Tea, when taken in excess, may produce the most serious nervous symptoms and facilitate, if it does not actually produce, mental degeneration.

A SOLUBLE BOBBIN FOR INTESTINAL ANASTOMOSIS.—*The New York Medical Journal*, quoting from *The Boston Medical and Surgical Journal*,

says: Cunningham and Baker have used a macaroni bobbin for intestinal anastomosis. Macaroni recommends itself because it is easily digested in the intestine, is cheap, and may be made sterile in its preparation. During the past four years it was employed experimentally with success, but no detailed observations recorded. A few months ago the writers, aided by Dr. W. E. Ladd, undertook a series of experiments to determine how long the bobbin remained undigested in the intestine. The macaroni used was a large size commercial macaroni, cut into cylinders three inches long by three-quarters of an inch in diameter and bobbins of special design. These were sterilized by dry heat. The experiments were performed upon cats, dogs, and sheep, and tend to show that in the macaroni bobbin we have a device which, besides facilitating intestinal suturing and holding the sutured ends in position until firmly adherent, serves as a conduit for the intestinal contents and at a period of time not under twelve hours or later than thirty-six hours, is digested and absorbed.

FONS ET ORIGO MALI MARIS.—*The New York Medical Journal*, quoting from a contemporary, says: Lund, after reviewing the various causes of sea sickness, concludes that: 1. The vomiting is not due to the unusual impression of vision, for it may occur on land, when the eyes are closed, and even to the blind. 2. It is not due to smell. Any unpleasant odor may cause vomiting, and may occur on land, and to any, including deaf mutes, who have sensitive nasal organs. 3. It is not due to momentary displacement of viscera, for it occurs in swinging, or in descending upon an elevator. The sensation is present whether the eyes are open or closed, but it does not occur in deaf mutes. 4. There is some mechanism in the auditory organ, perhaps the system of semicircular canals, which is directly affected by the oscillations of a vessel at sea, which acts as a stimulant to the vomiting centre. The sensation in the ears is synchronous with that in the epigastrium and may be due to change in the equilibrium of the endolymph in the semicircular canals. The treatment consists mainly in lowering the sensibility or conductivity of the different nerves or in benumbing the vomiting centre by narcotic drugs.

NEURASTHENIA AND AUTOINTOXICATION.—*The Medical Record*, quoting from an Italian contemporary, says: Archangele Mennella believes that the name neurasthenia is inexact and insufficient to express the conception of this neurosis. By many it is not admitted that neuras-

thenia can ever be congenital, as has been claimed by some, although an intolerance for the organic poisons can be inherited. Neurasthenia is not a well-defined disease, nor a morbid entity, but a syndrome. In general there is a toxemia, resulting from altered metabolism in neurasthenic cases, and this toxemia is of gastrointestinal origin. Nervous dyspepsia and gastric neurasthenia are the same condition under different names. There is no reason for seeking for an especial pathology. Neurotic symptoms are generally of chemical origin. Some reflex nervous symptoms result from the ingestion of certain food substances. The same may be said of cephalalgia. The neuroses and many psychoses are of autotoxic origin, and especially of gastrointestinal origin.

OPHTHALMIA OF THE NEWLY BORN.—Edgar, in the *Medical Record*, observes that: 1. Silver nitrate solution of 0.5 per cent. strength when applied to the gonococcus for fifteen seconds or longer is germicidal to the organism. Therefore, any solution of equal strength or stronger would fill the requirements as far as germicidal power is concerned. 2. The technique of administration consists simply of instilling the solution into the eye, requiring no after neutralization. 3. Solutions of silver nitrate of 0.5 per cent. and 1.0 per cent. strength do not produce a silver catarrh, even though no neutralizing solution is used afterward. Solutions of 2 per cent. nitrate produce a silver catarrh in about 25 per cent. of cases, whether or not a neutralizing solution is used. Therefore a 1.0 per cent. solution, being germicidal and at the same time producing no silver catarrh, is recommended.

IODINE IN CARBOLIC ACID POISONING.—Maberly, in *The Lancet*, as abstracted by *The New York Medical Journal*, reports three cases which demonstrate the great value of iodine as an antidote for carbolic acid. In two of the cases the iodine was given early before any general toxic symptoms developed, and acted most beneficially in relieving the burns of the mouth and throat. In the third case all the general toxic effects were fully developed, the abdomen being tympanitic and the stools dark and slimy; yet the patient recovered. In all the cases the iodine was given in the form of the tincture. The doses varied from a few drops up to a drachm. The chemical compound formed as a result of the reaction between iodine and phenol is apparently harmless. For practical purposes it is probable that equal parts of tincture of iodine and carbolic acid are complementary.

MEDICATION OF THE EYE IN CHILDREN.—B. F. Rhea, Junior, says in the *New York Medical Journal*: I should like to publish the following method of putting medicine in a child's eyes, which I recently learned and which I have never seen in the literature. After failing myself to put some medicine in a little boy's eye, which was paining him from a foreign body, the boy's mother told me that she could put the medicine in his eye. She did it in the following way: She put the boy's head on her lap with his back toward her, and told him to close his eye; she then poured the medicine on the inner canthus of the closed eye; when the child was told to open his eye the medicine ran in and anæsthetized the eye sufficiently for him to have the foreign body removed. I have done a good deal of eye practice, but this method of putting medicine in a child's eyes was new to me.

IODINE AND TYPHOID FEVER.—*The Medical Record*, quoting from *The British Medical Journal*, says: David Walsh states that he gives iodine and carbolic acid in all cases of typhoid fever that come under his care, with uniformly good results, a rapid general improvement, and with an absence of complications. His directions are to put one minim of pure carbolic acid and two minims of tincture of iodine into a tumbler of water, and let the patient drink as much of this both day and night as he wishes. It would be interesting to have the efficacy of this treatment investigated in a prolonged series of cases at some large metropolitan hospital or by a collective committee.

OPERATING TABLE WITH HEATING APPARATUS.—*The New York Medical Journal*, quoting from *Roussky Vrach*, says: Shalita devised an operating table provided with an electric thermophore, which keeps the plate of the table heated to about body heat or higher, during the entire operation. A set of four electric lamps with reflectors are also provided over the table, which keep the air over the patient warm. Surgeons who operate with this table must take care to stand straight and not to bend over the field of operation, otherwise they will feel the heat of the electric rays which are reflected from the lamps. Bending over the table while operating is a very bad habit, according to the author.

CANDY FACTORIES HEALTHFUL.—A London physician has lately expressed the opinion that both candy and sealing-wax factories are

very healthful places in which to work. The candy girls, he says, are allowed to eat as much sugar as they like, with an excellent effect upon their health. *Experience shows that the sugar eater is proof against consumption, and it is impossible for her to become a drunkard.* The resin dust in the sealing-wax factories makes the air in them very stimulating, similar to that of a pine forest. It is true that the workers in these factories inevitably absorb with the dust particles of vermilion coloring, which is a virulent poison; but, according to the optimistic writer, even this has a good effect upon anemics.

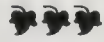
TAN AND FRECKLE REMOVER.—*The American Druggist and Pharmaceutical Record* has the following: The following solution, applied cautiously to the freckles with a tuft of absorbent cotton, will remove the offending spots. The application should be made after the face and arms have been washed and all traces of soap removed:

R	Corrosive chloride of mercury.....	gr. vi
	Diluted hydrochloric acid.....	3i
	Water	3iv
	Alcohol	3ij
	Rose water	3ij
	Glycerin	3i
M.		

SUCCESSFUL TREATMENT OF TETANUS.—*La Tribune Médicale* reports the treatment of two cases of tetanus by means of injection of antitetanic serum, in addition to other measures, both of which recovered. In one case the pulse was one hundred and fifty and the respiration interrupted by distressing attacks of suffocation. Phenic acid was also used in this case. In the second case 170 c.c. of serum were used within thirteen days. Forty days elapsed before all traces of stiffness had disappeared.

DUSTY BOOKS.—*The Medical Record* says: Sir Lauder Brunton, in a recent popular article, states that he considers dust as one of the greatest enemies of advanced life, since it is the frequent cause of colds and respiratory diseases. He himself has found very frequently, on taking a dusty book from a library shelf, that it gave him a cold in the head. This has occurred so regularly that he now resorts to sponging the dusty edges with a solution of carbolic acid before disturbing the deposit.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

IMPRESSIONS OF NURSING IN FRANCE

It is generally understood that the nursing in French hospitals is not good, and this impression is to a great extent correct, though it must not be forgotten that the reason for this is that France is in the period of altering her system fundamentally from the mediæval type, such as Italy still shows in her hospitals, to the modern, such as England's. So vast a change cannot be easily made, and all the imperfections which may now be noted in French hospitals may be regarded as transitory, for this great nation, always a leader of civilization, has set herself to the task of remodelling her nursing service.

The complete monopoly of hospital management by religious orders was a remnant of feudalism. Necessary and useful in its time, it is not in accord with modern life, and this for two reasons—one, the scientific; the other, the economic. Medical science must rule in the care of patients to-day, and where the Sisters failed was *not* in owning allegiance to a Higher Power, but in being ruled by an *earthly* hierarchy whose tradition has often been one of direct opposition to science. The economic point is also urgent and dominant. Woman's work used to be carried on in the monastery and in the home, but now, that it has been taken out into the world, she must follow it, and to do this she must be free; she must be paid instead of kept; she must stand on a level with men.

The removal of the Sisters began, in Paris, some thirty-odd years ago, and is now going on in the country at large. It is a painful and distressing process. However firmly one may believe in the new order, the passing of the old is a pathetic thing. The women, who have been kept in a state of intellectual childhood by their clerical directors, do not understand that the world has new social ideals. They look upon it all as pure ungodliness and comprehend nothing of the promise of democracy. Nor do women in general realize that their development as a class depends absolutely upon the full possession of temporal power by the State. Wherever this power, which belongs to the State, is usurped by

any religious hierarchy, women are kept down, and back, but there are many who do not see this. I believe the chief reason for this is, again, an economic one. The Church has always been an employer of female labor on a vast scale, and this labor has always been unpaid, save by board and lodging alone.

What happened in the Paris hospitals after the Sisters had gone? This is what happened. The very same women (and men) continued to do the actual nursing who had been doing it before, for—and this is an important point and one often overlooked—the Sisters did not *nurse*. They supervised, but even this not as we understand it, as they did not teach nor control the lay nurses, who were the servants of the administration.

I have already mentioned the vast extent and centralized government of the Paris hospitals. This centralization, with advantages on the business side, makes it very hard to bring in changes, and so retards that very progress in nursing that the directors wish to bring about. The Paris problem is much harder than the English or American, where one hospital at a time could experiment with the new system. The example of the Bordeaux Training Schools, which we shall come to later, shows that France has attained the full reform of nursing outside of Paris. Another difficulty in Paris is that the Director of the Assistance Publique has not the security of an elective office. He is *appointed*, and therefore can only effect such changes as are almost sure not to cause great opposition.

For years the only figure that appeared on the scene to protect and champion the poor downtrodden infirmières was Dr. Bourneville, a striking and impressive advocate of reform in society and of universal education. A great specialist in nervous diseases, a true savant, also a downright radical, he regarded free and general education, and especially the teaching of elementary science, as a sacred duty, both in the common schools and in the hospitals. His attention turned to the problem of nursing years ago, and in 1871 he made an effort to have the nurses taught, but it fell through. In 1877, being a member of the City Council, he visited London on some errand of that body, and investigated the training schools. He did not see Miss Nightingale, but Miss Merryweather, of the Westminster, and other matrons showed him their excellent systems of nursing, and in 1878 he succeeded in having the City Council authorize the opening of municipal schools for the nurses.

The Paris hospital system was entirely man-ruled. There were no nurses' homes, no matrons. The nurses lived in the hospitals, slept in dormitories, dark and close, and, with no supervision from any woman,

entered, were accepted, domiciled, and often spent their lives in the service. If they married, they remained on in the wards. Often, indeed, two or three generations grew up and went into the nursing or into the domestic service of the hospitals. Of course, under such a system as this, women of the grade of the English nurses would not present themselves. I do not know whether Dr. Bourneville realized the importance of a matron in raising the standard of nursing. To expect it of him would be to expect what no physician of the continent except Dr. Hamilton has ever realized. Then, at that time there were no women ready to assume such control, for Dr. Hamilton and Mlle. Chaptal were little girls. What it is fair to judge him by was what he stood for, and it is very remarkable at that period to find a prominent scientific man uncompromisingly asserting the necessity of intellectual training and professional knowledge for women.

It is not easy for American nurses to understand these schools for the nurses of Paris. First, few of the nurses could read or write, so that this had first to be taught. Here was where Mme. Gillot, who was a teacher, had her long and intimate relation with the cheerful, hard-working, ready and willing infirmières for whom she has so warm an affection. Then, the courses were not compulsory. (I fear that if ours were not, many would stay away.) Further, the schools were not established in every hospital. At first one, there are now four (others, later established in hospitals for nervous and insane we are not considering), so that ambitious nurses have to travel, in hours off, from their own to another institution. Under such difficulties, who can withhold admiration and respect for the persistency of teachers and pupils alike? It is a remarkable result, that in 1904 (I have not the latest statistics by me) the whole number of those who had taken the study courses was 2,151, while in the four hospitals where the schools are held, over three-fourths of all superior posts (head-nurses, directresses, etc.) were filled by the "diplômés," and it is in these hospitals too that one receives the best impression of the "surveillantes."

I fancy that some day a treasure for nurse-antiquarians will be the first edition of the manual prepared by Dr. Bourneville for these schools, printed in extra large open type, to be easier for pupils just learning to read.

The whole story seems to me one of the most remarkable in hospital history. The study and lecture courses of these schools have been criticised as being academic, but without going into this discussion, which really involves the entire system of French hospitals, I think it is important and interesting to note that Dr. Bourneville has established

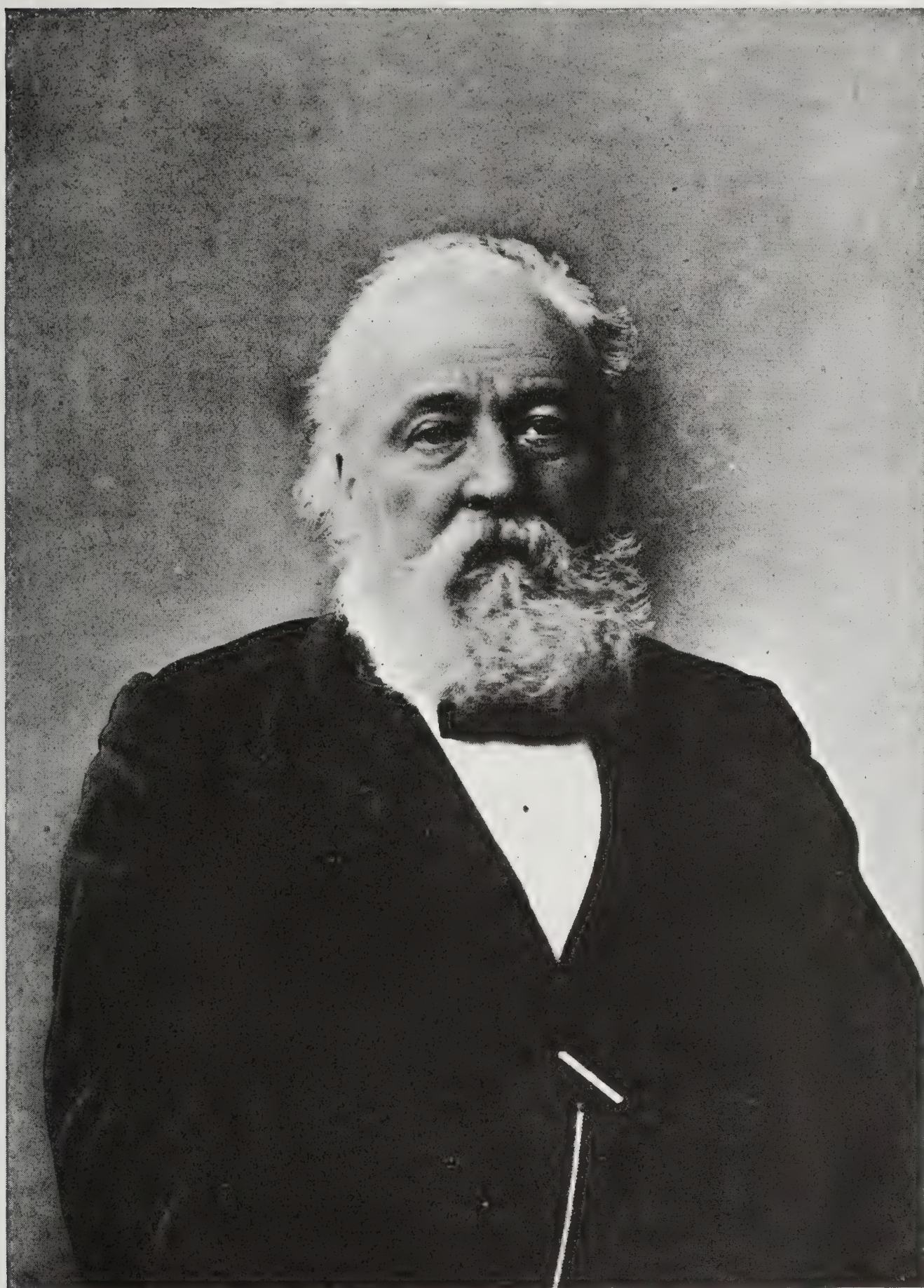
the principle of having *nursing* taught by *nurses*. All the classes and demonstrations in practical nursing, in every branch, are conducted by the most able head-nurses, and he makes appreciative mention of each by name in the annual reports. While this is natural enough to-day it was a very notable departure when he began. He has also always insisted that the pupils should rotate through the branches of service—another strikingly commendable attitude for the continent, where the unwillingness of medical men to see new faces in the wards is a serious obstacle to training and one of their chief grounds of opposition to superintendents of nurses.

For full thirty years this fine old warrior has gone on record in his reports, as demanding rotation in service, reform of night duty (the youngest and least experienced probationers used to be put on at night), better rooms, food, and pay for the nurses, sitting rooms, libraries, and nursing museums for the hospitals—a great record, for which posterity will not forget him.

The urgent need of the Paris hospitals is to have superintendents of nurses, and no more complete proof of this could be wished than has been given by a book recently written by M. Bru, the director of the St. Antoine, a big general hospital, in which all the incidents of the daily lives of the infirmières are described with the most pitiless realism. Suffice it to say that no American nurse could even imagine such ignominious treatment as these poor young women are continually exposed to—from the porter with no manners to the medical student with no morals. Did M. Bru intend this book to be an unmodified indictment of men's rule over women, and did he wish to impress the lesson of the need of women of character, training, and authority, who should have the right to protect them? I am not at all sure of it, but, whether intentionally or not, this is the sermon that the book preaches.

It is announced that the beautiful new building at the Salpêtrière, the first "Nurses Home" in a public hospital, is to have a superintendent of nurses in full charge. We must see, though, whether she is allowed to follow her nurses *into the hospital*—precisely the most important thing of all, and the thing to which medical staffs of hospitals quite generally in Europe are fixedly opposed.

Although one meets many women of ability and devotion to their work in the Paris hospitals, yet the impression of the nursing proper is a painful one. The wards are badly understaffed, and I do not believe we should do better with so few nurses to a ward. The nurses attain great skill and dexterity in manual procedures, but all the little niceties are neglected. The most painful feature is the total absence of screens.



DR. BOURNEVILLE.

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One may easily imagine the distress and humiliation of patients at having everything that is done for them, done before everybody. The necessities of sickness are bad enough in themselves without being added to by public exposure. The private nursing schools of Paris have had a certain influence upon the vast administrative machine of the great city hospitals, and their characteristics will be our next consideration.

L. L. Dock.

ITEMS

THE International Council of Nurses has received cordial assurances from Sweden that it will be welcomed in that country in 1909. Madame Karin Lundin, a prominent and progressive woman, sends word that the "Nurses' Committee" affiliated with the well known "Fredrika Bremer Association,"—which is the head and centre of all women's work, education, and progress, a living memorial to the great writer,—promises through its directress to assist in every way possible the success of the meetings. It seems, however, that August will not be a good month to meet. Even in that northern country every one is out of town and hospitals then undergo housecleaning and repair. The end of May, or June, is advised.

THE International Council will see, with pride and satisfaction, its officers' list augmented at Stockholm by Madame Aletrino von Stockum, Vice-President from Holland; Baroness Mannerheim, Hon. Vice-President from Finland, and it is hoped that Denmark and Sweden will also promise to affiliate. News comes also of a nurses' association to be formed in Switzerland.

THE Middlesex Hospital, England, has lengthened its period of training from three to four years, a part of which will be given to the care of convalescents.

THE Swedish government has appointed a woman as Sanitary Inspector in Stockholm. Her course in hygiene was taken in England at the Bedford College for Women.

ST. BARTHOLOMEW'S Hospital and the London Homeopathic (says the *British Journal of Nursing*) have established an optional co-operative plan for their private duty nursing staffs—that is, giving the nurses all of their earnings with a small percentage off (like our Registry fees).

Two notable figures of the nursing world of Scotland have recently retired from positions of great importance which they have filled for many years with honor and distinction: Miss Spencer, of the magnificent Royal Infirmary, Edinburgh, and Mrs. Strong, of the Glasgow Infirmary.

BARONESS MANNERHEIM, the superintendent of nurses in the Surgical Hospital of Helsingfors, Finland, and Mrs. Aletrino von Stockum, the president of the Holland Nurses' Association, have consented to hold office in the International Council of Nurses as Honorary Vice-president and Vice-president for their countries.

THE English body which is affiliated to the International Council of Nurses numbers about four thousand three hundred nurses and has the following membership: The Matron's Council; The Irish Nurses' Association; The Society for the State Registration of Nurses; The Registered Nurses' Society; St. Bartholomew's Hospital Nurses' League; St. John's House Nurses' League; Chelsea Infirmary Nurses' League; Leicester Infirmary Nurses' League; Birmingham General Hospital Nurses' League; Kingston Infirmary Nurses' League; Royal South Hants Hospital Nurses' League; Parish of Nottingham Nurses' League; Victoria and Bournemouth Nurses' League; The Steevens' Hospital Nurses' League, Dublin. Our German member, the German Nurses' Association, has now over fourteen hundred members.

THE "Daily Mail" of London has been carrying on a crusade of exposure of the "Bogus Nurse" and "Nurse Thief" which ought to prove very helpful to the British nurses in their far older crusade for State Registration. How is it possible that, if they read the papers, Sydney Holland and the conservative matrons of the London hospitals can dream of saying that State Registration will "hall-mark" women of unsatisfactory character, and will make "character" of less importance than written examinations? If this argument was sound then countries where registration did not exist should have no troubles about "character." How is it then that England is overrun with "purloiners, prisoners and prostitutes posing as nurses?" to quote Mrs. Fenwick's vigorous sentence? The street uniform seems to make imposture doubly easy in England, and the "private nursing homes" the equivalent of our correspondence schools and private hospitals have absolutely unrestricted liberty for fraud.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

AN OPEN DOOR

DEAR EDITOR: It is inspiring to read in THE JOURNAL of the progress of nursing, in new lines at home and abroad. Those of us who remember its small beginnings can but marvel that in a generation it has grown to be a true "world power." May a humble member of the sisterhood suggest that there is a great opportunity open to us of which very little is said?

It is well to cure the sick and to care for the helpless wrecks in almshouses and hospitals, but it is better to prevent illness and poverty. As teachers of hygiene we are doing a great preventive work in preaching the gospel of cleanliness, pure food and fresh air, but we seldom see mention of our duty toward the greatest of all dietetic errors, the use of alcoholic drinks, yet it is largely the underlying cause of both the "white" and the "black plague," and of other evils too numerous for mention. The matter has so long been viewed from a moral and social standpoint that its plain physical basis has been largely overlooked.

The medical profession is now practically a unit in the opinion that alcohol acts as a poison on the healthy system and leads to the deterioration of every vital organ. A large, and rapidly increasing number of advanced thinkers and investigators go farther and hold that it is of no value in disease, but simply muffles the danger signal, by making the patient unconscious of the pain, while the disease goes on unchecked. In proof of their statements they bring an array of statistics of recoveries under non-alcoholic treatment that merits careful reading.

The medical use of alcohol is certainly declining, and the field to which it is applied is being constantly narrowed. When I was trained (1877-79) whiskey was freely given in phthisis and Bright's disease. Now it is counted to be contraindicated in both. The cold pack and fresh air are taking its place in pneumonia and typhoid, and so on. We may well hope that in the comparatively near future its use may, like bleeding, be looked upon as a relic of bygone days.

When that time comes and alcohol is banished from the medicine chest, it will soon vanish from the table. The foundation of its power

is the honest belief of good people that in moderate quantities it is healthful and medicinal.

Public interest is being widely aroused by the teaching of scientific temperance in the public schools. It is for us to supplement this teaching in the homes. The mission, district and school nurse have a free hand in this matter, for they are recognized teachers. The private nurse has a far more difficult field, for she is often looked upon as an employee who "must keep her place." In many houses practically nothing can be said, but the example of total abstinence, with the simple explanation that it is better for the digestion and general health, will rarely give offence. It may be smiled at in the parlor, but it will be carefully considered in the kitchen, and may save some poor girl from the glass that dulls her perception and leads to her ruin.

In multitudes of homes, especially of the great middle class, information will be gladly welcomed, if it is given from the dietetic standpoint, the physical side being emphasized. The faintest suggestion of possible inebriety is naturally resented, but no mother is insulted by the caution that beer or wine may injure her unborn or nursing child. There is no offense in explaining that alcohol taken with meal hardens the food and hinders digestion, the comfortable feeling it causes being narcotic and hiding the mischief it does, nor in pointing out that life insurance tables show the greater longevity of abstainers, nor in a whole army of other facts presented from an impersonal, scientific standpoint. Such presentation is as much within our sphere as advising about the care of babies' bottles.

It goes without saying that we must be loyal to our doctors. If they order liquors we must give them, however we may feel about it. But doctors will uphold us in objecting to the self prescription by their patients of alcohol or any other drug.

This letter must not be prolonged, but if any of the JOURNAL readers are enough interested to write to me, I will gladly put them in the way of getting further information along these lines.

ELLEN BERTHA BRADLEY, R. N.,
175 Halsey Street, Brooklyn, New York.

A NURSES' HOME

DEAR EDITOR: About three months ago, when on my way from Seattle to San Francisco, I stopped for a few hours at Portland, Oregon, and as I had heard of the beautiful home the nurses had there, I went to call. The home was built to suit the plans of Miss Lena G. Richardson,

a graduate of the Northwestern Hospital, Minneapolis. I had expected to find a comfortable, cheerful home for the nurses, but certainly nothing quite so complete and well organized as this, planned and carried out by one from my own school. The building is three stories in height and of colonial style. The rooms, single or double, are all sunny and light, complete with every convenience,—hot and cold water, and an electric plate for light housekeeping. The single rooms rent for \$13 a month. All the rooms were furnished in the pretty Mission style, curtains, rug and draperies to match. The spring couches are used, so during the day the rooms all look like sitting rooms. Each floor has two or three bath rooms, toilets, and a most complete little laundry, where the nurses may do as much or little of their own laundry as they wish,—also a sewing room. Certainly no one but a nurse could ever have planned every detail to make things perfect and restful for a nurse coming home, tired, bodily and mentally. The building cost \$10,000.00, and was built for Miss Richardson by a wealthy man who rents it to her. The income from the renting of the rooms covers all necessary expenses. Miss Richardson asks for a high standing among nurses; after this she makes them all happy and contented and looks personally after all the calls. Her high standing and able judgment have no doubt helped to make the registry in Portland what it is. There are about forty nurses in the home, but she has calls for double that number. I hope the time may come when every large city in our country will be able to boast of a home like this. True, many of our cities have club houses, but they are usually started for nurses of a certain school, and no one outside this school would be welcome. Nurses are, more or less, a moving population, and it is always hard for a nurse when she comes into a new field, no matter how high her standing may be. The Portland home, however, seemed to have thoroughly grasped this need—as all that is asked is that she shall have a diploma from a recognized school and a letter showing her to be of good moral character. With these recommendations she is always sure of a fraternal greeting and welcome from members of her profession.

TERESA ERICKSON.

CARING FOR PEOPLE OF MODERATE MEANS

DEAR EDITOR: I was particularly interested in an article in the July JOURNAL by Mrs. Quintard on "Provisions Already Existing for the Care of the Sick of Moderate Means." It was the very last paragraph of the article which I refer to particularly, as I am now engaged on a

case which embodies the conditions mentioned; namely, a family of refinement and culture who desire the services of a trained nurse for about fifty or sixty dollars per month for their mother, an aged lady, not confined to her bed. On account of a slight shock she is left with an aphasia; she seldom knows or can tell when she wishes to urinate or go to stool, which renders the case a most disagreeable one, for, be as vigilant as possible, you cannot prevent accidents.

This of course would not be termed a hard case, as we speak of them, where every bit of one's energy is brought into action to keep the patient *alive*, as well as the physical strength necessary to lift and move the patient about. This case might be made endurable and even agreeable if the family would treat the nurse as a friend and member of the household, but in this case, as so often occurs, as soon as you reduce your price there is a tendency to make you feel that your position is one more of a domestic order.

You can easily see how such treatment would affect a nurse coming herself from a refined family and as sensitive as those who employ her.

It seems to me when people of fairly comfortable means ask a nurse to reduce her regular price, they place themselves under an obligation to her, and the least they can do is to show her the deference due to any member of the family. When she demands twenty-one or twenty-five dollars, and declines to do anything except nurse in its strictest sense, and is a perfect autocrat, she is usually shown the respect due her position, but let her reduce her price, and she drops with a thud to the position of waiting maid.

S. E. B.

NURSING CONDITIONS IN THE SOUTH

DEAR EDITOR: In reading the paper, "Nursing Conditions in the South," by Miss Wyche, one could not help but feel that she had a comprehensive grasp of the situation. She speaks of the lack of competent nurses to fill hospital positions. The flattering outlook for the private nurse will account in part for this need; the fact that little attempt has as yet been made to prepare nurses for institutional work is also a factor; then, too, the demand for private duty nurses, at least in Louisiana and Mississippi, is usually greater than the supply; also the demand for nurses to fill hospital positions is greater than the supply of those who have been trained for such work. The salaries paid for institutional work in these two states are higher than salaries for corresponding positions north, east or west, yet we are handicapped first because most nurses here prefer private duty, and second, because the average indi-

vidual from the North still clings to that *unreasonable* fear of climate. The summers are long, but one seldom hears of a heat prostration except from Chicago, St. Louis, &c. Miss Cabaniss makes the statement that "our system of training nurses is not over twelve years old in the South." I beg to correct her statement.

It was eighteen years ago that the New Orleans Sanitarium and Training School for Nurses was first organized against great opposition. It has had great vicissitudes and has come up through tremendous odds, always with the life of the training school in view. Its older nurses had hardships and inconveniences that would have daunted any of our present day nurses. Their first superintendent was a Louisiana woman who had gone North to graduate, their second was a Blockley graduate. In May they held their sixteenth annual commencement.

Somewhat more than a year after this school was organized, the Charity Hospital of the same city, having a capacity of about a thousand beds, opened its doors for the training of nurses. Their first supervising nurse was from Bellevue. All these years there have been very few nurses from other states to swell the number in any way. It is true that the nurses in this particular section have thus far been so busy supplying the demand for private duty that neither efforts nor voices have been raised sufficiently to be heard afar off.

Yet a better understanding of the nursing conditions here and greater sympathy for the needs and aims of nurses in this section would do much toward helping forward the work which lies at our door to be done. The busy, strenuous life of the private nurse is not conducive to the study of far away conditions, but those who are looking for hospital work afield will find a harvest ready to be gathered.

People east of the Mississippi consider Texas a far country, just as those north of Mason and Dixon consider Louisiana and Mississippi yet in the swamp country; but I can assure you that Texans consider New York and Chicago a comparatively short run. In many things Texas leads; however, here too is a good field for our progressive, well-trained nurse who is willing to help blaze the trails.

You see how remote we have seemed from one another all these years that so well-informed and progressive a nurse as Miss Cabaniss should make the mistake of five or six years in her statement. At the next meeting of the Associated Alumnæ I trust that not only the Atlantic, the Pacific, and the Lake states will come in for representation and recognition, but that those from the Gulf will also be heard from.

L. MAY BUSHEY,
Natchez Hospital, Natchez, Mississippi.

FROM HAWAII

DEAR EDITOR: The August number of the JOURNAL reached me a few days ago and was much enjoyed. We learn to be very patient out here waiting for news from home. You asked about the life and work of nurses on the Sandwich Islands; it is most interesting from all standpoints.

Nurses generally locate in this city and are called to the other islands from here; they are kept very busy and are paid the same rate as on the mainland, twenty-five dollars per week.

There are four hospitals in the city, the Queens, one hundred beds, is the largest, graduate nurses are employed as floor nurses; the Sanitorium, a small private hospital; the Naval Hospital; and the Kapialani Maternity Home. Both the Queen's Hospital and the Maternity Home have government grants, pay patients, and free wards to Hawaiians. The Maternity Home is supervised by an American trained nurse, but the general nursing is done by Hawaiian women, trained in the home. The city supports a district nurse, who visits the schools twice a week, and finds her work most interesting. There is no association of nurses and no guild. Miss Johnson keeps a register at the Sanitorium and the doctors keep lists in their offices. The quarantine work is very interesting; the lepers are sent to the retention settlement on this island, and at certain periods are taken to Molaikai, the leper island. These people are allowed to marry and their offspring are sent back to Oahu and are taken care of by the Sisters of Charity.

The country is very beautiful, and the hospitality of the people is simply wonderful. Trained nurses have evidently maintained a high standard here, for we hear the kindest criticism and highest praise of those who have gone before.

EDITH M. HODGINS,
Honolulu.

AN EXPLANATION

DEAR EDITOR: In justice to the many New Jersey nurses who protested against the enactment of the Amended Registration Bill at the last session of the legislature, I wish to correct the impression given by an editorial in the June number of the JOURNAL as to their reason for taking this action. Sections of the amended bill had been discussed at the annual state meeting held in Elizabeth in December, but at that time the bill was so far from complete it was impossible to judge of its

final expression. Owing to the facts that the attendance at state meetings is of necessity small, that New Jersey has no medium of communication in the way of paper or county associations, and that the state constitution does not provide for the representation of alumnae associations, the number of nurses cognizant of the business transacted at these meetings is very limited. An appeal for funds to meet the expenses of legislation was the first intimation that many nurses had of the bill's completed state. No copies had been sent out nor its contents in any way made public, so superintendents of hospitals and training schools and nurses engaged in private work were alike ignorant as to the standards being made for them. The Orange Alumnae Association called a special meeting for the purpose of finding out through proper channels, the requirements embodied in the amended bill, and also to request that legislation on the same be deferred until all nurses in the state should have the same privilege. When this request, courteously made, was met with definite refusal, the protest was sent to Trenton, the same reason for it being given. In no instance that I know of, was the three years' course made an objection. The nurses who signed this protest are among those who have the best interests of their profession at heart, who desire the best possible bill for their state, and who believe that the way to obtain it is to be found in following the methods so admirably outlined in the JOURNAL for March.

NEW JERSEY.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

INDIANA STATE EXAMINATION

THE Nurses' Examining Board of Indiana will hold an examination of applicants for registration at Indianapolis on November 5, 1907. All applications must be filed with the secretary of the board on or before October 25th. For further information apply to Miss Edna Humphrey, secretary and treasurer, 409 East Jefferson Street, Crawfordsville, Indiana.

EDNA HUMPHREY, Secretary.

MARYLAND STATE EXAMINATION

THE Maryland State Board of Examiners of Nurses announces that the first examination for state registration will be held October 29, 30, and 31, 1907.

All applications should be sent to the secretary of the board, Room 610 Professional Building, Baltimore, Md., before October 15.

Nurses applying will be notified where the examination will be held.

MARY C. PACKARD, Secretary.

STATE MEETING OF DISTRICT NURSES

A MEETING of the district nurses of New Jersey will be held on Friday, October 4, 1907, at three o'clock, at the home of Miss Coleman, 331 Main Street, East Orange. All nurses and others interested in the matter are cordially invited to be present. Miss Anderson and Miss Coleman, of Orange, will read papers, and the discussion will be on the advisability of forming a society for concerted action throughout the state.

THE CHICAGO SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

OFFICERS for the year are: President, Miss Lila Pickhardt, Augustana Hospital; secretary and treasurer, Miss Grace G. Watson, Children's Memorial Hospital. Meetings will be held in Field's Tea Room the first Saturday in the month. The program for the year is as follows: October: The Question of Finances with the Nurse, Miss Breeze; November: The Justification for the Third Year of Training, Miss Oberg, Miss Brode; December: The Reasons for the Scarcity of Applicants in the Training Schools, Miss Hay; January: The Training-school Library, Miss Burgess; February: How May a Satisfactory Post-graduate Course be Established, Miss Glenn; March: The Responsibility of the Superintendent who has Entire Charge of the Hospital and Training

School, Sister Veronica; April: Economies in the Hospital, Miss Dahlgren; May: Social Hygiene, Dr. Caroline Hedger; June: Are the Rules of our Training Schools too Severe? Miss Pickhardt.

VIRGINIA MEETING

THE annual meeting of the Graduate Nurses' Association of Virginia will be held in Staunton, Virginia, on October 1, 2, and 3. The Hotel Beverly will be the headquarters of the nurses. A most interesting program has been arranged and a large and enthusiastic attendance is expected.

ELIZABETH R. P. COCKE, R.N.,
Acting Secretary.

PENNSYLVANIA MEETING

THE regular annual meeting and election of officers of the Graduate Nurses' Association of the State of Pennsylvania will be held in the Assembly Room of the New Seventh Avenue Hotel, Pittsburg, Wednesday, Thursday and Friday, October 16, 17 and 18, 1907.

The first session on Wednesday, at two-thirty p.m., will be open. Subjects for discussion: The Hospital Economies Course at Columbia University, State Registration.

An executive session will be held Wednesday evening at seven-thirty, also Thursday morning at ten.

At the Thursday and Friday afternoon sessions there will be papers and discussions on Alms House Nursing, School Inspection, and Settlement Work.

A question box will be provided and will be opened at the Thursday afternoon session. A tea and reception will be held Wednesday afternoon at the Allegheny General Hospital.

A banquet will be given Thursday evening at the New Seventh Avenue Hotel.

Rooms for the visitors have been reserved at the New Seventh Avenue Hotel. Two dollars per day and up. (American plan.)

MAUDE W. MILLER, Assistant Secretary.

OHIO MEETING

THE annual meeting of the Ohio State Association of Graduate Nurses will be held in Cincinnati, October 17 and 18. Headquarters will be at the Hotel Senton. A program of great interest has been arranged and it is hoped that a large number of members will be present.

M. ELLEN KERSHAW, Secretary,
112 East Broad St.,
Columbus, Ohio.

NEW YORK STATE MEETING

THE annual meeting of the New York State Nurses' Association will be held at Syracuse, October 15 and 16, in the Academy of Medicine rooms in the Carnegie Library Building, Montgomery and Jefferson Streets. An interesting program has been prepared. Five practical ten minute addresses on hospital

construction will be given by five Syracuse physicians, and Dr. Barrows, of Buffalo, will speak on the problem of the patient of moderate means. There will be papers on Dangers of Amateur Drugging, by Miss Bradley, of Brooklyn; Public Health Problems, by Miss Hartman; Hospital Economics Endowment, by Miss Marker, of Syracuse; and Nurses' Registry and Club House, by Miss Cole, of Buffalo. Miss Alline will give a report of her work. A reception will be given by the nurses of Syracuse at the Yates Hotel, Tuesday, October 15, from eight-thirty to eleven P.M.

The following hotels are recommended:

YATES HOTEL, corner Montgomery and East Washington Streets.

Rooms with bath, European plan, \$2.00 to \$3.50.

Rooms without bath, European plan, \$1.50 to \$3.00.

Rooms without bath, American plan, \$4.00 to \$5.00.

Rooms with bath, European plan, \$4.50 to \$6.00.

VANDERBILT HOTEL, corner South Warren and East Washington Streets.

Rooms with bath, American plan, \$3.00 to \$4.00.

Rooms without bath, American plan, \$2.50 to \$4.00.

ST. CLOUD HOTEL, corner Clinton and West Washington Streets.

Rooms with bath, American plan, \$3.00.

Rooms without bath, American plan, \$2.00 to \$2.50.

Single meals, 50 cents each.

A reduction of rates to one and one-third fare for the round trip is announced. Particulars should be obtained in advance from the local R. R. ticket agents.

At the New York Central depot, guides wearing a bow of orange ribbon will be stationed, to direct the delegates where they may wish to go.

LAURA WELCH, R.N., Chairman Program Committee,

LINA LIGHTBOURN, R.N., Chairman Committee on Arrangements,

ANNA DAVIDS, R.N., President,

FRIDA L. HARTMAN, R.N., Secretary.

THE GEORGIA BILL

A BILL. To be entitled an Act to regulate the practice of Professional Nursing in the State of Georgia, and to that end to create the Board of Examiners of Nurses for Georgia; and to require registration by those desiring to practice in State as registered nurses, and to provide penalties for the breach of the requirements of this Act, and for other purposes.

SECTION 1. Be it enacted by the General Assembly of Georgia, That the Board of Examiners of Nurses for Georgia is hereby created. It shall be composed of five persons to be selected and appointed in the following manner:

The Georgia State Association Graduate Nurses will, within thirty (30) days after this Act takes effect, nominate to the Governor of this State ten (10) of its members, none of whom is in any way connected with any training school for nurses. The said nurses must have had at least three years of active

practice in their profession immediately preceding their appointment. From this number, the Governor shall, within thirty (30) days thereafter appoint for places on the said Board, one Nurse, who shall hold office for one year from said date of appointment; and two who shall hold office for two (2) years from said date; and two (2) who shall hold office for three (3) years from said date. All of the said appointments shall have the same date, provided no two of the nurses, so appointed, shall have graduated from the same training school.

Upon the expiration of the term of office of any member of said Board, the Governor of this State shall appoint a successor to fill the said term of office.

The said appointment shall be made from a list of five (5) members of the said Association, to be furnished to him by the said Association.

All vacancies occurring in this Board, shall be filled by the Governor for the unexpired term from like nominations furnished to him by the said Association within thirty (30) days after the vacancy occurs: Provided, That if the said Association fails to make the nominations herein required within the time herein specified, the Governor shall make such appointments by nominating such members of the Nursing profession thereto, as may seem to him to be proper.

SECTION 2. Be it further enacted, That the members of this State Board of Examiners shall, within thirty days after appointment, organize by the election of one of its members to be President of the said Board, and another to be the Secretary and Treasurer, who shall hold office for a period of one year and until their respective successors are elected and have qualified; said officers shall be elected by said Board annually, and in case of a vacancy in either of said offices the Board shall, within forty (40) days after the vacancy occurs, elect one of its number to fill said office, and in the event there is no such election within the time named, the Governor shall appoint a member of said Board to fill the vacancy.

The Secretary is required to certify to the Governor, the names of the officers so elected, and in the case of a vacancy this shall likewise be certified by the Secretary to him, and in the event of a vacancy in the office of Secretary, the President of the Board shall certify the same to him and shall certify to him the name of the person chosen to fill the vacancy in the event such vacancy is filled by the Board.

SECTION 3. Be it further enacted, That three (3) members of said Board of Examiners shall constitute a quorum, but no action of said Board shall be valid unless authorized by the affirmative vote of three (3) members thereof.

The Secretary of the Board is directed to keep a record of the minutes of the meetings of said Board and a record of the names of all persons applying for registration hereunder, and of the action of the Board thereon; and a register of all Nurses who have complied with the requirements of this Act, all of which said records shall, at all reasonable times, be open to the public inspection.

Said Board is authorized to have and use an official seal which shall bear the words: "State Board of Examiners of Nurses for Georgia." The certificate of the Secretary of said Board under the seal thereof, as to the action or non-action of the Board, shall be accepted in evidence, in the Courts of this State, as the best evidence of the minutes of the said Board, and likewise the certificate of the said Secretary, under the said seal, as to the registration or non-registra-

tion of any person, shall be accepted as the best evidence as to the registration or non-registration of the said person under the requirements of this Act. The Secretary will issue to all Nurses admitted to registration hereunder, a certificate under the seal of said Board, showing that fact.

SECTION 4. Be it further enacted, That it shall be the duty of said Board to meet for the purpose of examining applicants for registration, at least once in each year, and oftener, should it be deemed necessary by said Board. Notice of said meeting shall be given, of the time and place of said meeting, by written notice posted, postage prepaid to last known address of each applicant, at least ten (10) days before the time of said meeting, and by publication in a daily paper of general circulation, at Atlanta, and in a Nurses Journal, if there be one published in Georgia.

The said notices shall be published at the same rates charged for Sheriff's advertisements. Said notice shall be inserted at least once, and the first insertion shall be made at least two weeks prior to the said meeting. Provided: The Secretary of said Board shall issue a temporary permit to each applicant for registration, which permit will authorize said applicant to do nursing as a registered nurse, until the next meeting of the Board.

SECTION 5. Be it further enacted, That all persons making application for registration under this Act, shall deposit with the Secretary of the said Board at the time of making such application, the sum of five (\$5.00) Dollars as an examination fee.

SECTION 6. Be it further enacted, That each applicant for registration, must be at least twenty-one (21) years of age, of good moral character, a graduate from a regular chartered training school for nurses, connected with a general hospital or sanatorium (in which medical, surgical, gynecological, and obstetrical cases are treated), where the three (3) years of training with a systematic course of instruction on the above mentioned class of cases is given in the hospital or sanatorium; or must have graduated from a training school in connection with a hospital of good standing, supplying a three years' training corresponding to the above standard, which training may be obtained in two or more hospitals. All qualifications of the applicant shall be determined by the said Board, which is empowered to prescribe such examination for the applicants as will best test their fitness and ability to give efficient care to the sick. All applicants at the same examination, shall be subjected to the same kind of examination.

SECTION 7. Be it further enacted, That all nurses graduating on or before June first, 1909, from such training schools as are referred to in the preceding Section, shall be by that fact, entitled to registration without examination upon paying the application fee of Five (\$5.00) Dollars as provided in this Act, and submitting sufficient evidence of good moral character. Nurses who shall show to the satisfaction of the said Board that they are graduates of training schools connected with a hospital or sanatorium, giving two years' systematic course of instruction, or, if they graduated before or during the year 1897, from such a school giving one year's training, and who are in good moral and professional standing, and are engaged in the practice of the profession of Nursing at the passage of this Act, also all nurses in training at the time of the passage of this Act, and shall graduate hereafter and possess the qualifications herein specified, shall, upon payment of the application fee, be entitled to registration

without examination, provided application is made for such registration on or before June first, 1909.

SECTION 8. Be it further enacted, That after the expiration of six months from the passage of this Act, it shall be unlawful for any person or persons to practice professional nursing as a Registered Nurse in this State, without certificate from the said Board, and any person violating any of the provisions of this Act, shall be guilty of a misdemeanor, and upon conviction therefor shall be punished in accordance with Section 1039 of the Penal Code of the State of Georgia.

Each Nurse who registers in accordance with the provisions hereof, shall be styled and known as a "Registered Nurse," and no other Nurse shall assume or use such title or use the abbreviation "R. N.," or any other letters, words or figures, to indicate that he or she is a Registered Nurse, and a violation hereof shall be deemed a misdemeanor, and shall, upon conviction, be punished accordingly.

SECTION 9. Be it further enacted, That this Act shall not be construed to affect or apply to gratuitous nursing of the sick by friends or members of the family, and it shall not apply to any person nursing for hire, who does not, in any way, assume to be a registered nurse, and who does not use the title Registered Nurse or the letters "R. N.," or other letters, words, or figures, for the purpose of representing that he or she is a Registered Nurse within the meaning of this Act.

SECTION 10. Be it further enacted, That the said Board may revoke any Certificate issued by it for sufficient cause, to be adjudged by it; but no such certificate shall be revoked without a hearing, notice of the time and place of which shall be given to the holder of the certificate by the Secretary at least thirty (30) days before the day set for said hearing, which notice shall plainly set forth charges against the holder of said certificate and the trial shall be only upon the grounds so specified. Said notice shall be mailed to the said person so accused, at his or her last known address, postage prepaid, or the same shall be delivered personally, to the person so accused.

The presiding officer of said Board is authorized and empowered to administer oaths to all witnesses giving evidence at such hearing; and no evidence shall be received at such a hearing if the same is not under oath.

SECTION 11. Be it further enacted, That out of the funds of the said Board accruing from the application fees herein provided, the Secretary of the said Board shall be paid a salary to be fixed by the Board at a sum not exceeding One Hundred Dollars (\$100.00) per year, and all necessary expenses, and the members of said Board shall be entitled out of said funds, to receive Five Dollars (\$5.00) per day for each day actually engaged in the service of the said Board and all necessary expenses, all payments out of said funds shall be first approved by the presiding officer of the said Board.

SECTION 12. Be it further enacted, That all laws and parts of laws in conflict herein be, and they are hereby repealed.

THE ILLINOIS BILL

A LAW Relating to Nurses and Providing for Their Registration.

SECTION 1. Be it enacted by the People of the State of Illinois, represented in the General Assembly: A Board to consist of five (5) graduate nurses,

and to be known as the State Board of Examiners of Registered Nurses, is hereby created, whose duty it shall be to carry out the purposes and enforce the provisions of this Act. The members of the Board shall be appointed by the Governor. At the time of their appointment they must be actual residents of the State. They shall be selected from nurses engaged in active work, who shall have been graduated for at least a period of five years from a reputable training school and who, during their course of training, shall have served for two (2) years in a general hospital, and who (except those appointed as first members of the Board) shall have been registered under the provisions of this Act. Three (3) members of the Board shall be selected from nurses who have had at least two (2) years' experience in educational work among nurses. The members of the Board shall be appointed to hold office as follows: One (1) for one (1) year; two (2) for two (2) years; and two (2) for three (3) years from July 1, 1907. Upon the expiration of the term of office of a member, the Governor shall appoint a successor whose term of office shall be three (3) years, and shall fill each vacancy for the unexpired term. Each member of the Board shall hold office until a successor is duly appointed.

SECTION 2. The members of the Board shall, as soon as organized, and annually thereafter, elect from their number a president and a secretary who shall also be the treasurer. The treasurer, before entering upon the duties of the office, shall file with the Secretary of State a bond payable to the People of the State of Illinois in a sum to be fixed from time to time, and with sureties to be approved by the Governor, conditioned for the faithful discharge of the duties of the office. The Board shall adopt rules not inconsistent with this Act to govern its proceedings. It shall adopt a seal and the secretary shall have the care and custody thereof. The secretary shall keep a record of all proceedings of the Board, including a register of the names and addresses of all nurses duly registered under this Act, which shall be open at all reasonable times to public scrutiny. The Board shall cause the prosecution of all persons violating any of the provisions of this Act and may incur necessary expense in that behalf. The secretary of the Board shall receive a salary which shall be fixed by the Board. Each member of the Board shall receive a compensation of ten dollars (\$10.00) for each day or fraction of a day in which such member is actually engaged in attendance upon the meetings of the Board and in going to or coming from the place of meeting and all legitimate and necessary expenses incurred in attending such meetings. All expenses of the Board, including such salary and compensation, shall be paid from the fees received by the Board and no part of the same shall be paid out of the State Treasury. All moneys received in excess of the expenditures of the Board shall be held by the treasurer as a special fund for meeting the expenses of the Board and the cost of the annual reports of its proceedings. Such report shall be made to the Governor by December 15th in each year and shall contain a true account of all moneys received and disbursed by the Board.

SECTION 3. Three (3) members of the Board shall constitute a quorum. Special meetings of the Board shall be called by the secretary upon written request of any two (2) members. The Board shall from time to time adopt rules for the examination of applicants for registration in accordance with the provisions of this Act and shall from time to time adopt rules by which to establish a uniform and reasonable standard of instruction and training to be

observed by training schools, and shall determine the reputability of such schools by reference to their compliance with such rules and in like manner may from time to time amend, modify and repeal such rules. The Board shall, immediately upon the election of an officer, file with the Secretary of State a certificate thereof, giving the name and address of such officer and immediately upon the adoption of any rule shall file with the Secretary of State a certificate thereof setting out therein a copy of such rule, or in case of the repeal of a rule setting out fully such fact, and shall immediately publish such certificate in at least one journal devoted to the interests of professional nursing and mail a copy of such certificate to every applicant at the address appearing upon the records of the Board and to every reputable training school in Illinois.

SECTION 4. It shall be the duty of the Board to meet for the purpose of holding examinations not less frequently than twice every year. Notice of such meetings shall be given to the public press and to at least one journal devoted to the interests of professional nursing and by mail to every applicant and to every reputable training school in Illinois at least thirty days prior to the meeting. At such meetings it shall be the duty of the Board to examine all such applicants for registration under this Act as are required to be examined, and to issue to each duly qualified applicant who shall have complied with the pertinent provisions of this Act the certificate provided for in this Act. Any person to whom a certificate of registration shall be issued shall within ninety (90) days thereafter cause the same to be recorded with the county clerk of the county in which such person resided at the time of application. Such person shall be prepared whenever requested to exhibit such certificate of registration or a certified copy thereof. The county clerk shall charge twenty-five cents for recording such certificate and for each certified copy thereof.

SECTION 5. Every applicant for registration shall be at least twenty-three (23) years old, of good moral character, and shall possess such further qualifications as may be prescribed from time to time by the Board by rule. *Provided*, That no such rule shall be inconsistent with the provisions of this Act relating to those who shall make application prior to July 1, 1910. Every applicant shall make such proof of the necessary qualifications as shall satisfy the Board thereof. Every application shall be made in writing in the true name of the applicant, in such form as may from time to time be prescribed by the Board, and shall state the place of residence of and be signed by the applicant. The fee for acting on an application shall be ten dollars (\$10) and shall accompany the application, but every subsequent application of the same person shall be acted on without fee.

SECTION 6. Upon compliance with the pertinent provisions of this Act nurses otherwise qualified shall be entitled to registration, as follows:

First.—Without examination, provided they make application prior to July 1, 1910; (a) nurses who shall have graduated before said date and after January 1, 1897, from a reputable training school, connected with a general or special hospital, who at the time of graduation shall have received a course of at least two (2) years' training in such training school; (b) nurses who shall have graduated on or prior to January 1, 1897, from a reputable training school connected with a general hospital, who at the time of graduation shall have received a course of one (1) year's training in such training school and who at the time of application shall have been engaged in nursing for five (5) years

since their graduation; (c) nurses now in training in a reputable training school, connected with a general hospital, which now gives a course of at least two (2) years' training and who shall graduate therefrom.

Second.—Nurses who at the time of application shall have been engaged in the actual practice of nursing for three (3) years, provided they pass an examination in practical nursing and provided they make application prior to July 1, 1910.

Third.—Nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a reputable training school, connected with a general hospital, requiring a systematic course of at least three years' training.

Fourth.—Nurses who shall make application on or after July 1, 1910, and who at the time of application shall have graduated from a reputable training school, connected with a special hospital, requiring a systematic course of at least two years' training and who at the time of application shall have obtained in a reputable general hospital one (1) year's additional training in subjects not adequately taught in the training school from which they graduated, and shall pass an examination to determine their fitness and ability to give efficient care to the sick.

SECTION 7. It shall be unlawful hereafter for any person to practice or attempt to practice in this State as a Registered Nurse without a certificate from the Board. Any person who has received such a certificate shall be styled and known as a Registered Nurse and shall be entitled to append the letters R. N. to the name of such person. No other person shall assume or use such title or the abbreviation R. N. or any other words, letters or figures to indicate that such person is a Registered Nurse.

SECTION 8. This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to be a Registered Nurse, and this Act shall not be construed to interfere in any way with members of religious communities or orders which have charge of hospitals or take care of the sick in their own homes, provided such members do not in any way assume to be Registered Nurses.

SECTION 9. The Board upon written application and upon the payment of ten dollars (\$10.00) as a registration fee may issue a certificate without examination to those who shall have been registered as Registered Nurses under the law of another State having requirements equivalent to those of Illinois

SECTION 10. Any person violating any of the provisions of this Act shall be guilty of a misdemeanor, and shall upon conviction be fined for each offense in a sum not less than ten dollars (\$10.00) nor more than two hundred dollars (\$200.00) for the first offense, and not less than one hundred dollars (\$100.00) nor more than five hundred dollars (\$500.00) for each subsequent offense. Any person who shall willfully make any false representation to the Board in applying for a license shall be guilty of a misdemeanor, and upon conviction shall be fined in a sum not less than one hundred dollars (\$100.00) nor more than two hundred dollars (\$200.00).

SECTION 11. All certificates issued by the Board shall be signed by all the members thereof, and shall be attested by the president and secretary.

SECTION 12. The Board may revoke any certificate by a unanimous vote for

dishonesty, gross incompetence, a habit rendering a nurse unsafe to be entrusted with or unfit for the care of the sick, conduct derogatory to the morals or standing of the profession of nursing, or any willful fraud or misrepresentation practiced in procuring such certificate, provided the holder of such certificate shall have been given at least thirty (30) days' notice in writing of the specific charge against such holder and of the time and place of hearing the charge by the Board, at which time and place the holder shall be entitled to be heard and to be represented by counsel. Upon the revocation of any certificate, the same shall be null and void, the holder thereof shall cease to be entitled to any of the privileges conferred by such certificate and it shall be the duty of the secretary of the Board to strike the name of the holder thereof from the roll of Registered Nurses and to give notice of such revocation to the county clerk in whose office such certificate is recorded and thereupon such county clerk shall note the fact of such revocation upon the record of such certificate.

THE MINNESOTA BILL

A BILL for an act to provide for state registration of nurses and the licensing of persons as registered nurses. Be it enacted by the Legislature of the State of Minnesota:

SECTION 1. It shall be unlawful for any person to practise professional nursing as a registered nurse in this state unless such person shall have first obtained a certificate of registration as provided in this Act.

SECTION 2. A Board of Examiners to consist of five persons, one of whom shall be a regularly licensed physician, is hereby created to carry out the purposes and enforce the provisions of this Act. Said Board shall be appointed by the Governor and the other appointments shall be made from Nurses engaged in active work who have been graduated for at least a period of five years from reputable training schools, and whose course of training is not less than three years' duration in actual hospital service; provided that there shall always be two of said members on said Board selected from Nurses who have had at least two years' experience in educational work among nurses, or who have had two or more years' experience in the instruction of nurses in training schools, and provided further, that after the appointment of the first Board, the nurses appointed on each succeeding Board shall be appointed from the nurses registered under this Act.

SECTION 3. Each member of said Board shall serve for a term of five years and until his or her successors are appointed and qualified, except in the case of the first Board, whose members shall hold office as follows: one member shall be appointed to hold office one (1) year; one for two (2) years; one for three (3) years; one for four (4) years; and one for five (5) years. Each member of said Board shall give a bond in the sum of \$1,000, with securities to be approved by the Secretary of State, conditioned for the faithful performance of his or her duties, and shall take the oath provided by law for public officers. Vacancies upon said Board caused by death, resignation or expiration of the term of any member thereof shall be filled by appointment by the Governor.

SECTION 4. Said Board shall elect from its members a President, a Secretary and a Treasurer and shall have its headquarters at the State Capitol; shall have a common seal, and the Secretary and President shall have power to administer oaths.

SECTION 5. Each member of said Board shall receive a compensation of five (\$5.00) dollars per day for each day of actual services and ten cents (10 cts) per mile for each mile actually traveled in attending the meetings of the Board, which compensation shall be paid out of any monies in the hands of the Treasurer of said Board; provided that said compensation and mileage shall in no event be paid out of the State Treasury.

SECTION 6. Any money in the hands of the Treasurer at the end of any year, in excess of two hundred and fifty (\$250) dollars shall be paid over by said Board to the State Treasurer to be kept by him for the future maintenance of the Board and to be disbursed by him upon warrants signed by the President and Treasurer of said Board.

SECTION 7. Said Board shall hold Public Examinations at least once in each year at St. Paul, Minnesota, and at such times as it may determine, and notice of the time and place of such examinations shall be given by a publication thereof at least ten (10) days before such examination in a daily newspaper published at the Capitol of the state, and said Board may give such other notice as it deems advisable. Any person desiring to obtain a certificate of registration under this Act shall make application to said Board therefor, and shall pay to the Treasurer of said Board an examination fee of five (\$5.00) dollars and shall present himself or herself at the next regular meeting of said Board for examination of applicants and upon said Board being satisfied that the applicant is (1) of the age of twenty-one years or over, (2) of good moral character, (3) has received an education equivalent to that required for admission into high schools of this state, and (4) has graduated from a training school connected with a general hospital where three years of training with a systematic course of instruction is given in the hospital, or has graduated from a training school in connection with a hospital of good standing supplying a systematic three years training corresponding to the above standards, which training may be obtained in two or more hospitals, said Board shall proceed to examine said applicant in both theoretical and practical nursing and upon such applicant passing said examination to the satisfaction of said Board, said Board shall enter said applicant's name in the register, hereinafter provided for, and shall issue to said person a certificate of registration authorizing said person to practise the profession of nursing as a "Registered Nurse."

SECTION 8. All nurses graduating prior to January 1st, 1910, possessing the above qualifications, shall be permitted to register without examination, upon payment of the registration fee. Nurses who shall show to the satisfaction of the Board of Examiners that they are graduates of training schools connected with a general hospital or sanatorium giving two years' training, or prior to the year 1897 having given one year's training, and who maintain in other respects proper standards, and are engaged in professional nursing at the date of the passage of this Act, or have been engaged in nursing five years after graduation, prior to the passage of this Act, also those who are in training at the time of the passage of this Act, and shall graduate hereafter, and possess the above qualifications, shall be entitled to registration, without examination, provided such application be made before January 1st, 1910.

SECTION 9. Graduates of training schools in connection with special hospitals, giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without

examination before January 1st, 1910, or said graduates shall be eligible for registration prior to said date upon passing a special examination before the Board of Examiners in subjects not adequately taught in the training schools from which they have been graduated.

SECTION 10. Any applicant who has pursued as a business the vocation of nursing for a period of not less than five years prior to the passage of this Act, and who presents to the Board a certificate testifying that he or she is competent to give efficient care to the sick, said certificate to be signed by one licensed physician and two registered nurses, shall be entitled to take a practical examination for state registration, only during the two years immediately following the passage of this Act.

SECTION 11. The Board of Examiners may issue license without examination upon the payment of five (\$5.00) dollars registration fee, to applicants who have been registered in other states having equal requirements.

SECTION 12. This Act shall not be construed to apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse.

SECTION 13. Said Board shall keep a register in which shall be entered names of all persons to whom certificates are issued under this Act, and said register shall be at all times open to public inspection.

SECTION 14. A person who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such title or use the abbreviation R. N., or any other letters or figures to indicate that he or she is a registered nurse.

SECTION 15. Said Board of Examiners may revoke any certificate for sufficient cause, but before this is done the holder of said certificate shall have thirty (30) days notice, and after a full and fair hearing of the charges made, by a majority vote of the whole Board the certificate may be revoked.

SECTION 16. Any person violating any of the provisions of this Act, or who shall willfully make any false representation to the Board of Examiners in applying for a certificate shall be guilty of a misdemeanor, and upon a conviction shall be punished by a fine of not more than one hundred (\$100.00) dollars and not less than ten (\$10.00) dollars.

This Act shall take effect and be enforced from and after its passage.

THE WEST VIRGINIA BILL

A BILL to provide for the appointment of a State Board of Examiners, and for the examination and registration of nurses. Be it enacted by the State Legislature of West Virginia:

1. That ninety days after passage of this Act, a Board of Examiners to be composed of five (5) members shall be appointed by the Governor; one of these members shall be designated to hold office one year, two for two years, and two for three years; and hereafter, upon the expiration of the term of office of the person or persons so appointed, the Governor shall appoint a successor to each person or persons, to hold office for three years.

2. And be it further enacted: That the members of this State Board of Examiners shall as soon as organized, and annually thereafter in the month of

June, elect from their members a President and a Secretary, who shall be the Treasurer. Three members of this Board shall constitute a quorum, and special meetings of the Board shall be called by the Secretary upon written request of any two members. The said Board of Examiners is authorized to frame such by-laws as may be necessary to govern its proceedings. The Secretary shall submit a biennial report of all money received to the Governor for transmission to the Legislature and shall be required to keep a record of all meetings of the Board, including a register of the names of all nurses duly registered under this Act, which shall at all reasonable times be open to public scrutiny, and the Board shall cause the prosecution of all persons violating any of the provisions of this Act, and may incur necessary expense on this behalf. The Secretary shall receive a salary, to be fixed by the Board, not to exceed One Hundred Dollars (\$100.00) per annum, also traveling and other expenses necessarily incurred in the discharge of her official duties. The other members of the Board shall receive four dollars (\$4.00) for each day actually engaged in this service, and all legitimate and necessary expenses. Said expenses and salaries shall be paid from fees received by the Board under the provisions of this Act, and no part of salaries or other expenses of the Board shall be paid out of the State Treasury. All money received in excess of the said allowance and other expenses provided for shall be held by the Treasurer for meeting the expenses of the said Board, and the cost of annual report of the Board.

3. That after January 1, 1908, it shall be the duty of said Board of Examiners to meet at some convenient point within the State not less frequently than once a year, notice of which meeting shall be given to the public press and in one nursing journal one month previous to the meeting. At this meeting it shall be their duty to examine all applicants for registration under this Act, to determine their fitness and ability to give efficient care to the sick. Upon filing application for examination and registration each applicant shall deposit a fee of five dollars (\$5.00).

4. That the applicant shall furnish satisfactory evidence that he or she is twenty-three (23) years of age, is of good moral character, has received the equivalent of a high school education and has graduated from a training school connected with a general hospital where two years of continuous residence training, with a systematic course of instruction is given.

5. That all nurses graduating before January 1, 1908, possessing the above qualifications shall be permitted to register without examination upon payment of registration fee. And all nurses having been continuously and successfully engaged in nursing for five years, and who maintain the proper standard, shall, upon passing an examination, be entitled to registration, provided such application be made before January 1, 1908.

Graduate of training schools in connection with special hospitals giving a two years' course, who shall obtain one year's additional training in an approved general hospital, shall be eligible for registration without examination before June 1, 1907; or said graduates from special hospitals shall be eligible for registration prior to said date, upon passing special examination before the Board of Examiners in subjects not adequately taught in the training schools from which they have been graduated.

And it shall be unlawful after the expiration of that time for any person to practice professional nursing as a registered nurse without a certificate in

this State. A nurse who has received his or her certificate according to the provisions of this Act shall be styled and known as a "Registered Nurse." No other person shall assume such a title or use the abbreviation "R. N.," or any other letters or figures to indicate that he or she is a registered nurse.

6. That this Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family; and also it shall not apply to any person nursing the sick for hire, but who does not in any way assume to be a registered nurse.

7. That any person violating any of the provisions of this Act, or who shall wilfully make any false representations to the Board of Examiners in applying for a certificate, shall be guilty of a misdemeanor, and, upon conviction, be punished by a fine of not more than five hundred dollars (\$500.00).

8. That the State Board of Examiners of Graduate Nurses may revoke any certificate for sufficient cause; but before this is done the holder of said certificate shall have thirty days notice, and after a full and fair hearing of the charge, by a majority vote of the whole Board, the certificate can be revoked.

STATE MEETINGS

CONNECTICUT.—To the Registered Nurses of Connecticut: Your attention is called to the need of permanently endowing the Chair in Hospital Economics which was established at Columbia University a few years ago at the request of the American Society of Superintendents of Training Schools. The purpose of the course is the instruction of graduate nurses for teachers and superintendents of training schools for nurses, and its establishment is one of the most important steps ever made in the advancement of the profession of nursing.

The course has been supported chiefly by private contributions until its success has been proven and the advantages of its establishment as a permanency assured. To secure this permanency it is necessary to raise a sum of money sufficient for the endowment of the course "The Chair of Hospital Economics" and appeal is made to all nursing organizations, alumnae societies, state associations and individual nurses to aid in this.

The Connecticut representatives at the annual meeting of the Society of Superintendents of Training Schools and the Associated Alumnae Convention have pledged the state for one hundred and fifty dollars. The treasury of the Graduate Nurses' Association is so depleted by recent expenses that appeal is made to the Registered Nurses of Connecticut to raise by individual contribution the amount pledged, and it is hoped much more. A contribution of one dollar from each Registered Nurse will, if each one responds, more than fulfill the pledge. A contribution of "one day's work" as was pledged by every delegate at the Richmond convention would triple the amount and by so much more make secure the permanency of the course.

It is what the individual members of the nursing profession do this year—to-day, on which the future of our profession depends. We are in a period of transition in our training schools from the learning of nursing as a trade by apprenticeship, to the studying of nursing as a profession under trained instructors, and the time of transition is always hard. The profession of nursing cannot be taught in the best manner until nurses who are to be superintendents of schools and teachers of nurses have been taught how to teach. This is what

the Hospital Economics course will teach and what the endowment of the chair will render a permanency.

Your personal contribution and such an amount as your influence would obtain from friends of the profession is earnestly solicited.

Contributions may be sent to the treasurer of the Graduate Nurses' Association, Miss Rose M. Heavren, 345 Ellsworth Avenue, New Haven, Conn., at your convenience, but it is desirable that all are in not later than October 1st.

E. BALDWIN LOCKWOOD, R. N., Secretary,
Granby, Connecticut.

By order of the Executive Board.

GEORGIA.—In response to a call from the executive board, the Georgia State Association of Graduate Nurses met at Atlanta, on September 12, in the Carnegie Library Committee room, for the purpose of nominating ten members whose names are to be submitted to the governor of the state from whom his appointments to the recently created Board of Examiners of Nurses will be made.

Of the eighty-three members, thirty-two were present, representing the interests of Savannah, Macon and Atlanta.

The president, Mrs. A. C. Hartridge, briefly reviewed the work accomplished by the association since its organization in April and congratulated the members on having obtained such a good bill in such a short time. The object of the meeting was stated and the section of the bill relating to the appointments to the examining board was read and explained. A motion was then made and carried, that in view of the limited time and important business on hand, the minutes of the last meeting be omitted. From the report of the executive committee, it was learned that a charter had been obtained and that the association is now incorporated under the laws of Fulton County. The treasurer reported the association to be in good financial condition. The expenses incidental to the legislative work had been comparatively small and pecuniary assistance had been received from the local alumnae associations of Savannah and Atlanta. The report of the Ways and Means Committee, which then followed, was most interesting and explained why it had been considered necessary to re-draft the bill and amend Section 1, thus bringing the same restrictions to bear upon the members of the examining board, as required by law for the members of the state medical board.

By vote of the association, the following list of names will be submitted to the governor: Miss E. M. Johnstone, Miss M. A. Owens, Miss Martha Raines, Savannah; Miss M. Campbell, Macon; Mrs. A. C. Hartridge, Miss Jessie M. Candlich, Miss E. Daughtey, Miss E. Peal, Miss A. Finley, Miss Frances Patton, Atlanta.

Before adjourning, the announcement was made that the annual meeting would be held in Atlanta, early in January.

MISSOURI.—The annual meeting of the Missouri State Nurses' Association will be held in St. Louis, October 23 and 24. Members are requested to make an earnest effort to attend.

ANNA B. ADAMS, Corresponding Secretary.

REGULAR MEETINGS

MONTREAL, CANADA.—The first annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses was held on September 11 and 12, at the General Hospital. The program was as follows:

WEDNESDAY, SEPTEMBER 11TH

InvocationRev. Arthur French
Address of Welcome, Miss Livingston, Lady Superintendent, General Hospital,
Montreal.

Address of the President, Miss M. Agnes Snively, the General Hospital, Toronto.
Report of Council.

Minutes of Preliminary Meeting.

Report of Treasurer.

Paper, "What is Being Done in Canada to Prevent the Spread of Tuberculosis,"

Miss Louise M. Meiklejohn, Lady Stanley Institute, Ottawa.

Paper, "Hospitals in Our Canadian West,"

Miss Albertine Macfarlane, The General Hospital, Vancouver, B. C.

Demonstration.....Montreal General Hospital

Afternoon Tea.....Miss Livingston

THURSDAY, SEPTEMBER 12TH

Paper, "Small Hospitals,"

Miss Christina Hall, General Hospital, Jamestown, New York.

Discussion, Miss Anna Chesley, St. Luke's Hospital, Ottawa. Miss Clara Greene,

General Hospital, Belleville. Miss Lilla Sheppard, General Hospital, Berlin.

Adoption of Constitution.

Election of New Members.

Election of Officers.

Announcement of time and place of next meeting.

Introduction of President-elect.

Adjournment.

Demonstration.....Royal Victoria Hospital

Afternoon Tea.....Miss Henderson, Lady Superintendent

NEW HAVEN, CONN.—The Connecticut Training School alumnæ association held its regular meeting on September 3rd. The president, Mrs. Lockwood, presided. The report of the annual meeting was read, and it was decided that the annual report be printed and a copy sent to each member with an appeal for the support of the chair of Hospital Economics.

A committee was appointed to plan for some entertainment to increase the endowment fund.

PITTSBURG, PA.—The second meeting of the Allegheny County Society of Graduate Nurses was held at McCreery's, August 29. The constitution and by-laws for the new association were read and adopted. Permanent officers were elected: President, Miss Reid; first vice-president, Miss Duncan; second vice-president,

Miss Hendrickson; secretary, Miss O'Sullivan; treasurer, Wm. McNaughton; councilors, Miss Hunt, Miss Thompson, Miss Giles, Miss Hosack, and Mrs. Lewis; auditors, Miss Weir and Miss Miller. Arrangements were made and committees found for the entertainment of the State Association to be held in Pittsburgh, October 17, 18, and 19. Future meetings of the association will be held at McCreery's dining room every third Thursday of each month. It is hoped that nurses will attend regularly in large bodies and enjoy a social chat over their cups of tea.

ROXBURY, MASS.—The New England Hospital Training School Alumnae Association held its annual meeting in June, and elected the following officers: president, Miss Isabella R. Hall; first vice-president, Mrs. Mary C. Hall; second vice-president, Mrs. H. W. Dunbar; third vice-president, Miss Anna M. Cleary; secretary, Miss D. Hodgins; assistant secretary, Miss S. T. Haviland; treasurer, Miss Sarah Beatty.

Miss Isabella R. Hall, delegate to the convention in Richmond, Va., gave a very interesting report of the doings of the Associated Alumnae.

The registry report shows a marked increase in the number of calls during the past year.

A sale of fancy articles held in April at the club rooms enabled the association to purchase eight more shares of club house stock, and at the annual meeting of the shareholders it was voted to permit the alumnae, after giving bonds for the remaining shares, to assume control of the club house, which is now in a flourishing condition.

At the close of the meeting the graduating class of the hospital and the members of the association were entertained by Miss J. P. Christoffersen.

The secretary desires the members to notify her of any changes of address. She is located at the club house, 13 Dimock Street, Roxbury, Massachusetts.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its third annual meeting on September 11, at the residence of Dr. Marion A. Mead, 1502 Third Avenue South. About thirty nurses were present.

Miss Edith P. Rommel was unanimously re-elected president. The other officers were elected as follows: first vice-president, Miss C. M. Rankeillour; second vice-president, Miss Agnes G. Peterson; secretary, Miss L. Louise Christensen; assistant secretary, Miss Iva Cliff; treasurer, Miss Augusta M. Crisler.

The association has one hundred and fifty-five active members. The past year has been full of important events, including the passing of the bill for state registration and incorporating the organization. The treasurer reported a balance of ninety-one dollars and thirty-two cents.

The report of the registrar shows a continued increase in the work of the nurses' registry, having received one thousand eight hundred and forty-five calls for nurses and one thousand two hundred and seven calls from nurses registering for work, making a total of three thousand and fifty-two calls during the year ending at noon September 11, and six hundred and sixty-six more calls than the previous year. Two hundred and four calls were received from out of town.

SCRANTON, PA.—The regular monthly meeting of the Scranton Training School for Nurses was held at the State Hospital on September 12. The president, Miss Brice, presided. The secretary read the minutes of the May meeting, also of the executive meeting held in August. The next meeting will be held at the State Hospital on October 10.

PERSONALS

MISS ELIZABETH WEBBER, class of 1899, Rochester Homeopathic Hospital, has accepted the position of assistant superintendent of the hospital.

MISS A. LOUISE DIETRICH and Miss Emily D. Greene, graduates of St. Johns Riverside Hospital, Yonkers, N. Y., have established a private maternity hospital at El Paso, Texas.

MISS MARY WEICK, a graduate of the Michael Reese Training School, Chicago, has accepted the position of superintendent in the Weiss Memorial Hospital, Omaha, Neb.

DR. LAURA A. C. HUGHES, president of the Spanish American War Nurses, will not be a candidate for reelection at the meeting to be held at Fortress Monroe, October 8-12.

MISS E. B. CLARKE has resigned her position as superintendent of the Sarnia General Hospital, Sarnia, Ontario. She is succeeded by Miss Catherine Lawrence, Grace Hospital, Toronto.

MRS. BEVERLY R. TUCKER, née Elsie Boyd, Old Dominion Hospital Alumnae, class of 1901, who has spent the summer in Vienna with her husband, has returned to their home in Richmond, Virginia.

MISS N. J. MINOR, corresponding secretary of the Graduate Nurses' Association of Virginia, who was seriously ill during July and August, is now making a satisfactory recovery in the mountains of Virginia.

MRS. MARJORIE ADAMSON, a graduate of the Royal Infirmary, Glasgow, who has been for fourteen years superintendent of the Alexandria Hospital, Alexandria, Virginia, has returned to her post, in perfect health, after a four months' leave of absence spent in Scotland.

After six years' service, Miss L. M. Staples has resigned as superintendent of St. Barnabas' Hospital, Minneapolis. She is succeeded by Miss Harriet S. Hartry, former superintendent of nurses. Miss Staples was the recipient of substantial testimonials of regard from the board, staff, nurses, and employees.

MISS MARY ISABEL HARROUN, night superintendent at the Toledo Hospital, Toledo, Ohio, has just returned from Sandusky where she officially represented the Spanish American War Nurses at the United Spanish War Veterans' Convention. She went in the place of Dr. Hughes, who was unable to accept the invitation extended to her, and was accompanied by Miss M. B. Unger and Miss W. C. Bohnert of Columbus, Ohio. They were invited to address the convention.

MISS HARRIET SOUTHWORTH, class of 1901, Hospital of the Good Shepherd, Syracuse, N. Y., has resigned her position as superintendent of the Little Falls

Hospital, and after a three months' rest will become assistant superintendent of nurses at the Albany City Hospital. Miss Lucy Cooper, class of 1904, has been appointed head nurse in the operating-room of the Hospital of the Good Shepherd, to succeed Mrs. Wade. Miss Amy Bliss has resigned her position as superintendent of the Niagara Falls Memorial Hospital. She is succeeded by Miss Lawler of Johns Hopkins.

MISS EDITH MUHS, Illinois Training School, 1903, and Hospital Economics Course, 1907, is superintendent of the hospital at Trimountain, Michigan. Miss Elizabeth K. Smith, Illinois Training School, 1898, has recently gone to Rockford, Illinois, as superintendent of Rockford City Hospital. Of the class of 1907, Illinois Training School, Miss Margaret Powers has been appointed head surgical nurse at Pasadena Hospital, Pasadena, California; Miss Mary Norquest is superintendent at Mercy Hospital, Iron Mountain, Michigan; and Miss Clara Cramer is in charge of the obstetrical ward at Cook County Hospital, Chicago.

MISS HELEN SCOTT HAY, Superintendent of the Illinois Training School, and Miss McMillan, of the Presbyterian Hospital, Chicago, have been appointed by the Illinois State Board of Charities, members of "A committee on uniform curriculum for nurses in hospitals for the Insane." Miss Julia Lathrop, chairman of the committee, and a member of the State Board of Charities, has long been interested in the care of the insane and it is hoped that with her presence on the board and the fact that two nurses have been placed on the committee something may be done to provide a more liberal supply of high grade nurses for the insane hospitals than has previously been possible in Illinois.

MARRIAGES

ON August 24th, Miss Henrietta C. Ashton, Marion Sims Hospital, to Mr. Demarcus L. Pitner.

ON June 1st, Miss Florence L. McBride, Marion Sims Hospital, to Mr. William F. Waldron.

ON August 29th, at Livingston, Montana, Miss Ellen Minot Allen, class of 1899, Boston City Hospital, to Mr. Henry Budd Robinson.

ON July 13th, at Rockville, Maryland, Ethel Mary Griffin, Johns Hopkins Hospital, to Mr. Harwood Franklin Mullikin, of Baltimore, Maryland.

ON June 20th, at Saranac Lake, N. Y., Miss Gertrude Fox Jones, Johns Hopkins Hospital, to Mr. James Pryor Williamson, of Wilkes-Barre, Pennsylvania.

AT Lexington, Virginia, September 10th, Miss Nancy Mayo Spencer, Old Dominion Hospital, 1903, and Dr. Prentiss DuPuy Johnston. They will live at Pocahontas, Virginia.

ON July 18th, Miss Emma MacKenzie, Michael Reese Hospital, to Mr. W. F. Percival, of Toronto. Miss MacKenzie was president of the Michael Reese alumnae for a number of years.

OBITUARY

ON June 17th, 1907, at the home of her sister at Reading, Pa., Miss Sara Rudden, graduate of the Hospital of the University of Pennsylvania. She was stricken with paralysis January 19 while in charge of a patient, but from the first there was no hope of her recovery. Her death was a shock to her many friends and acquaintances.

Miss Rudden was active in all association work, having been president of the University alumnæ for two successive terms, an officer in the Philadelphia County Nurses' Association, and an interested worker in the Pennsylvania State Association. She had also been first vice-president of the Nurses' Associated Alumnae of the United States during 1903-1904.

TRAINING-SCHOOL NOTES



AN Allerton memorial room has been furnished by the graduates of the Rochester Homeopathic Hospital for the pupil nurses and is most attractive and restful.

A REFERENCE library for the nurses has been added to the training school of the Hospital of the Good Shepherd, Syracuse, by Miss Young, recently superintendent of nurses.

THE Passavant Memorial Hospital, Jacksonville, Ill., reports the completion of a prosperous year. All expenses have been met and several hundred dollars have been spent in improvements.

THE graduating exercises of the Michael Reese Training School were held in the memorial hall of the hospital on September 25th. A dinner was given by the alumnae association to the graduating class during the following week.

MERCY HOSPITAL, of Benton Harbor, Mich., has moved into a new hospital building and has organized a training school, with Miss Ethelyn Bearce, Hahnemann Hospital, Chicago, as superintendent, and Miss Kate McCormack, Cleveland, as assistant.

THE Little Falls, N. Y. Hospital and the Thanksgiving Hospital of Coopers-town, N. Y., have affiliated with the Hospital of the Good Shepherd, Syracuse, N. Y., for the purpose of giving their nurses a course in pediatrics. Each of these hospitals is pledged to send three members of its graduating class to serve in the children's pavilion for a period of six weeks.

THE following course of required reading is taken from the bulletin of information of the Blessing Hospital, Quincy, Ill. It may prove suggestive to other schools:

First Year: Best articles in THE AMERICAN JOURNAL OF NURSING. "Dust and Its Dangers."—Prudden. "Water and Ice."—Prudden. "Chemistry of the Household." Selections from "Martin Chuzzlewit."—Dickens.

Second Year: Best articles in THE AMERICAN JOURNAL OF NURSING. "Story of Bacteria."—Prudden. "A Sermon in the Hospital."—King. "Bacteria, Yeasts and Molds in the Home."—Conn. "Uarda."—Ebers. "The Human Nature Club."—Thorndike.

Third Year: Best articles in THE AMERICAN JOURNAL OF NURSING. "Nursing Ethics."—Robb. "Personal Hygiene."—Pyle. "Notes on Nursing."—Nightingale. "Life of Florence Nightingale."—Tooley.

THE following open letter was addressed to the president of the State Normal and Industrial College of North Carolina by Miss Wyche, superintendent of nurses at Watts Hospital, Durham:

TO THE PRESIDENT OF THE STATE NORMAL AND INDUSTRIAL
COLLEGE

The importance of thoroughly trained nurses is now, as never before, being recognized in the South. The favor with which this profession is being received is attested by the larger number of young women who are applying for training in our hospitals.

To place nursing on the plane of a profession, rather than that of a trade, our nurses must have better preparation, both general and technical.

Some apply whose general education is decidedly deficient, but let us grant that applicants are prepared to begin hospital work, all of us who have to do with the work in our smaller hospitals know under what difficulties classes for nurses are conducted. Where the bulk of the teaching falls, as is usual, upon one nurse or superintendent and a few doctors whose hands are already full, systematic instruction is next to impossible. An emergency case may take the nurse at the lecture hour. The same emergency may take the physician should it happen to be his lecture hour. With her routine hospital duties the pupil nurse is often too fatigued to properly comprehend the simplest subjects. Teaching is very exacting work; and for one nurse to teach half a dozen different subjects and still meet the many demands made upon her time and strength is an impossibility. Teaching requires special fitness, and not every good physician, or nurse of good executive ability, is a good teacher.

It is apparent, I believe, that in the dozen or more hospital training schools in North Carolina, not only are there many applicants whose previous training is deficient, but many subjects are being taught half way, many of which subjects should have been mastered before applying for admission to a hospital. These are the conditions that confront the hospital training schools of our State, all of which are run in connection with small hospitals whose resources are limited.

As a solution of the difficulty it is proposed to offer at the Normal and Industrial College, Greensboro, N. C., a preparatory course for nurses. The advantages of such a course are apparent. Many of the subjects are already being taught there, in a systematic way, by experienced teachers. The thorough grounding in elementary chemistry, physiology, etc., would be of incalculable benefit, both in training study and in lightening the burden of the overworked physicians who have so far borne their part cheerfully and without pay. The saving of time of both superintendent and physician, when a pupil enters the hospital, would be a great factor in favor of the course. Better prepared applicants in our hospital means the saving of the health of the nurses, a saving of money to the hospital in a more economical use of expensive materials and appliances. The hospital owes it to the nurse to give her thorough instruction, and to give it in advance of its being thrust upon her through the necessities of hospital work.

The proposed course roughly outlined might be as follows:

Anatomy and physiology.

Personal and household hygiene.

Home and hospital economics.
Domestic science and dietetics.
Elementary biology.
Chemistry as related to medicine.
Physical culture.

Classroom demonstration by nurses on bed making, bandaging, the preparation and sterilization of surgical dressings, etc.

Frequent lectures by physicians or nurses, on subjects of interest and benefit to the student nurses.

Systematic courses of reading on nursing and allied subjects. The course to cover a school year of nine months at the Normal and have a credit of six months on a hospital course of three years.

Similar courses are being successfully carried on in several large hospitals, and have been added as an elective at Drexel Institute and Simmons College. Teachers' College, New York, has recognized the need of better training for nurses by the establishment of a course in hospital economics in which those who expect to teach this subject will have systematic instruction.

The subjects proposed in this preparatory course should appeal to all who are interested in more sanitary and a more rational way of living in the homes of our state, as well as those directly interested in hospital work. The eyes of thinking women are turning as never before to the problems of home making. Shall we not give them an opportunity to learn, in school, the more elementary facts of health, of nursing, and of dietetics, rather than that they shall have to learn them in the hard school of experience? This course should be so arranged that the large number of young women in the Normal may avail themselves of its privileges whether they expect to enter the smaller profession of nursing, or go, as most of them will, into the larger field of home makers. Such subjects, properly taught, should have a culture value equal to that of literature or history.

There are difficulties, doubtless, in connection with the satisfactory working out of such a course, yet they are infinitesimal as compared with the great possibilities involved. This problem is accordingly submitted for the consideration of the educational department of the Normal and Industrial College and the hospital training schools of North Carolina.

MARY L. WYCHE.



PRACTICAL SUGGESTIONS



I HAVE learned long since that my private likes and dislikes are not the decrees of the eternal.

JOHN BURROUGHS.

ONE can hardly imagine a higher tribute to literature than that implied in the artless question of a little child: "Mamma, does God make books or can men do it?"

WHEN the nuts are ripe, the tree will let them fall and think no more about them. * * * Mountains and trees make me humble. I feel like a poor relation.

BRADFORD TORREY.

WHEN a nurse must handle coal in large pieces for a grate and has no tongs, she will find an old stocking convenient. The hand can be slipped inside the leg and the fingers are not soiled.

M. E. D.

PROBABLY many nurses are by this time familiar with the delightful electric water heaters which can be attached to an electric light fixture. They are particularly nice for nursery use as they do not vitiate the atmosphere and there is no danger of fire.

UNDER a new re-districting law adopted in July by the State Board of Charities of Illinois, the work of removing insane patients from the county almshouses was begun in September. Hereafter the state must gradually take care of all its public insane.

"So many Gods, so many creeds,
So many paths that wind and wind,
When all this old world needs,
Is just the art of being kind."

"GIVE the body the nourishment, the exercise, the fresh air, the sunlight it requires; keep it clean, and then think of it as little as possible.. Don't talk of sickness and disease. By talking of these you do yourself harm, and you do harm to those who listen to you."

PUBLIC HEALTH.

"CLEAN polished teeth are an ornament. School children can be taught that the chief business of the dentist is not to make and extract teeth, but to preserve teeth. Let the human family come under the immediate direction of the efficient dentist twice a year and the toothless race will never come."

PUBLIC HEALTH.

A NEW device called the thermos bottle will keep liquids placed in it at an even temperature, hot or cold, for a long time. If a nurse has no gas of easy access she can keep sterile water sufficiently warm all night for use in doing dressings. It comes in pint and quart sizes and is too expensive for general use.

J. F. C.

"If man could overcome the inertia of downright laziness and keep his alimentary canal scrupulously clean, one-half of the diseases 'flesh is heir to' would be swept off the earth. Constipation, foul breath, indigestion, headache, nervousness, etc., are the lazy man's legacy. Not infrequently he confirms his habit of laziness by resorting to 'dope.'"

PUBLIC HEALTH.

They might not need me, yet they might,
I'll let my heart be just in sight.
A smile so small as mine might be
Precisely their necessity.

EMILY DICKINSON.

A SAFETY razor is excellent for surgical and obstetrical preparations. The first cost is five dollars, which includes ten blades, but there is no expense for sharpening, and additional blades come in packages at five cents each. Four preparations can be done with one blade. The patient is not afraid and the nurse is saved the wear and tear of boosting her courage.

J. F. C.

IN her annual report of the Toronto General Hospital Training School, Miss Snively makes a comment which is so true of all our schools that it is worth quoting: "In this community of over one hundred young women, the process of transforming the untrained, undeveloped, undisciplined girl, into the thoughtful, self-restrained, capable woman, goes on concurrently with that of the daily routine of hospital life."

A PATIENT in a Civil Hospital said farewell to his favorite nurse in these impressive words: "You've bin a good lass to me, Miss, a rare good lass. I o'pe as the Lord'll reward you, but there—*we never know!*" This reminds me of a compliment paid to an American nurse in Europe to whom one of her patients, in deepest gratitude, said: "Nurse, if ever there was a fallen angel, you are one!"

BOILS.—There are still physicians who say that boils are always a manifestation of blood disease. While it is true that a run-down condition will predispose to the appearance of boils, these are practically always due to infection from without. It is suggested that men suffer more from boils on the neck than do women, because the former wear starched collars that are likely to produce lesions through which infective agents find their way beneath the skin.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

EXTRACT FROM THE LETTER OF AN ARMY OFFICER TO A FRIEND
IN ROCHESTER

THE officers at the mess got hold of those articles by Dr. Potter and read them with great interest. The information is just what several of them said that they would have thanked their fathers for telling them before they went to college. One of them is a fellow who has had some severe experience from the lack of just that sort of information at the time when it was needed. His father is a prominent business man and a very active man in the affairs of the Episcopal Church in the state where he lives. His mother is as fine a woman as could be found anywhere. They are simply the kind who give their children good home influences but never came down to telling them specific things about how they ought to live and what they ought to avoid. His boys learned by practical experience that it is easier in the long run to be good than bad.

THE NEW MICHAEL REESE HOSPITAL
DEDICATED JUNE 16, 1907.

“Unless the Lord build the house, they labor in vain who build it.”

Psalm 127.

Surely God's blessing rests on these four walls,
Within these quiet rooms, in these vast halls;
On those who silently from out their store,
Gave, that His poor and sick find health once more.

Surely beside these beds in love He stands,
To bless the feeble work of human hands,
Since men have wrought for Him with love and care,
His presence comes to bless the temple fair.

It stands, a monument that must endure,
God builded with these men who blessed His poor,
Love He gives freely from His throne above,
He asks of human hearts that same gift—Love.

EMMA MACKENZIE PERCIVAL.

IN answer to the inquiry about steamship nurses, Miss Ehrlicher of the German Hospital and Dispensary, New York, writes:

“The September JOURNAL inquires about the employment of nurses on steamships. So far as I know there are only two. These are in the employ of the Hamburg-American Company on the steamers *Amerika* and *Kaiserin Augusta Victoria*. They are enrolled as members of the ship's crew and have definite duties, such as being present in the gymnasium during ladies' hour, giving electric light baths, etc. They take their meals in the first cabin dining room, and are expected to spend their time among the first cabin passengers. They have a definite salary and when in port have perfect liberty, remaining on board ship or on land as they like. The Hamburg-American line engaged these two nurses directly from our registry. There are many nurses who take stewardess positions for the sake of the large fees, but I think it is safe to say that these are foreigners. These two nurses have had cases of pneumonia, appendicitis, delirium tremens and insanity. They have been isolated with cases of measles, and have brought patients to hospitals in both ports. These have included first, second and steerage passengers. I doubt if these positions will ever become popular, as steamship companies do not like to pay salaries. They expect the passengers to pay for services in tips. However, by starting in with the right kind of women for the place, we established it on a proper basis.

THE WASH BOILER AS A STERILIZER (for the benefit of those who do not yet know how, and with apologies to those who do).—The following method will be found simple and satisfactory. Be sure that the boiler is clean. Place a cloth on the bottom of the boiler, on this set four Mason jars filled with water. Fill the boiler half way up the jars with cold water. On top of the jars set a wire dish drainer, such as is found in almost every kitchen, on this put the packages to be sterilized, basted in old clean cloths. Cover the boiler tightly. After the water has begun to boil let the packages sterilize for an hour. Dry the packages, a few at a time, by setting them on earthenware dishes in a warm oven with the door open. Have them watched carefully to prevent scorching. Put them in the sun afterward if possible. If the packages are being prepared some time ahead for an obstetrical case, do not pack them away until after twenty-four hours, as dampness may appear later in packages which seemed at first perfectly dry.

The reasons for this process are as follows: The cloth on the bottom of the boiler keeps the jars from breaking. Jars are cleaner than bricks or boards and at the end of the hour they too are sterile and ready for solutions. They are filled with water to keep them from tipping over. The jars are better than a hammock arrangement because they allow the cover of the boiler to fit on tightly, keeping in all the steam. If cold water is used in starting, the packages do not get as wet. The bundles are basted, not pinned, because bastings can be ripped out at one jerk, while pins which have been through a sterilizing process come out with difficulty and may cause delay at a critical moment.



BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

PRACTICAL NURSING. A Text-Book for Nurses, and a Hand-Book for all who Care for the Sick. By Anna Caroline Maxwell, Superintendent of the Presbyterian Hospital School of Nursing, and Amy Elizabeth Pope, Instructor in the Presbyterian Hospital School of Nursing. G. P. Putnam's Sons, London and New York. The Knickerbocker Press.

The appearance of this work, the fruit of the conjoined labors of Miss Maxwell and Miss Pope, marks a turning point in nursing literature. Up to the present time, the "text-book," and "hand-book" of nursing, have treated of subjects, which, while they necessarily and indispensably belong in the curriculum of every school for nurses, are yet subjects quite apart from practical nursing in the hospital wards or at the bedside of the sick, and quite out of place in a text-book of nursing. One reason for this error in classification has undoubtedly been, that many text-books of nursing have been written by men, who were not so well posted in practical nursing as in anatomy, physiology, surgical technique, etc., and so we have had many successful text-books on nursing, containing a minimum of nursing proper, but well padded with subjects germane, more or less. The present volume differs widely from this class—in which we do not include Mrs. Robb's text-book,—and it differs also from Mrs. Robb's book in that it does not concern itself in the least with hospital administration except in so far as this depends upon the faithfulness and efficiency of the hospital staff from the greatest to the least. The present volume assumes in the opening chapter that women presenting themselves as candidates for training in nursing the sick shall come fortified with good health and prepared to maintain the same by sane hygienic living—fresh air night and day, due regard for wholesome food, and proper amount of sleep; exquisite personal cleanliness, etc. To good health she must be able to add as her second qualification the evidence of education, or failing this, at least some guarantee that she has the capacity for education. The third and

last qualification the authors call the moral—and under this head include, *neatness, economy, courtesy, obedience, promptness, sympathy, tact, truthfulness, dignity, respect for officers, and respect for the secrets of others*. No hint here for a field for over-training—honesty and intelligence being the only attributes besides health which a prospective probationer need possess. The book proceeds with a chapter on bacteriology—its relation to disease—manner of classification of bacteria and means of preventing their increase—methods of destroying germs and rules for making germicidal and disinfectant solutions. Next comes ventilation—the care of the ward, referring back to the chapter on bacteriology for the reasons for special precautions against accumulations of any sort of dust, rust or other sign of foreign matter. The making of beds—care of patients—symptoms—charting, and recording.

Baths and packs have their own chapter, where we have the simplest and plainest information—the most minute details relating to the comfort of the patient—the most exact authority for temperature, time, etc. No less attention to detail is given to the chapters which follow—on counter-irritants; the urine; enemata; lavage; douches. The administration of medicines, Chapter XV, outlines what a nurse ought to know (very briefly) about medicines; gives the rules for estimating the percentage of solutions, for estimating the dose of a different fractional part of grain from the drug on hand, for estimating a child's dose. Gives the different weights and measures including the metric system; the symbols and abbreviations used in prescriptions and chemistry. Demonstrates the administration of medicines through the skin; by rectum and by inhalation; also the application of medicine to the eye. The same chapter concludes with the keeping of medicine lists, order books, and the immaculate care of the medicine case.

Emergencies, medical and surgical; bandages, strapping, and splints; these in three chapters are also demonstrated. Chapter XIX brings us to surgical dressings. We have exact rules for the cleansing and sterilization of everything which is to be brought in contact with the wound, of everything which enters the operating room or is placed upon the dressing tray for the bedside dressing. Treatments which require aseptic precautions follow in line—as aspirations, hypodermoclysis, injections of antitoxines, and vaccination, intubation and the taking of throat cultures, and cultures of the blood. Following these come operating-room technique; synopsis of important diseases, a short chapter on food and then the XXV and last chapter which very briefly outlines the use of massage and some of the movements employed. This is followed by the usual glossary and index.

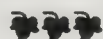
One needs to read the book to appreciate it; a mere enumeration of the subjects gives no hint of the immense amount of care taken to quote methods which have been proved by experience in many schools to be the means best adapted to give good results and at the same time to insure the comfort and confidence of the patient.

Practical experience speaks from every page of the book—this gives it at once its greatest value and its charm. With all due regard to other schools throughout the country it must be acknowledged that many are unable from one reason or another to attain to the fine standard which the Presbyterian Hospital School of New York has set, and it is a matter for congratulation that those who have made the success of the school are so generous in sharing the result of their experience and labor. Not an idle word—not a shred of padding is to be found between the two covers. Vain repetitions are studiously avoided—the pupil being referred to page and chapter whenever it is necessary to draw on a previous lesson. A feature of marked importance is the footnote which is repeatedly employed throughout the book to attract and hold the attention to some point of vital importance. The authors have our heartiest congratulations and best wishes for the success of the book both as a literary venture and a financial investment.

FOODS AND THE ADULTERATIONS. Origin, Manufacture and Composition of Food Products; Description of Common Adulterations, Food Standards and National Food Laws and Regulations. By Harvey W. Wiley, M.D., Ph.D. P. Blakiston's Sons & Co., 1012 Walnut St., Philadelphia.

This book gives a great deal of valuable information regarding foods, and the title fails to convey any adequate idea of the many sided interest which the subject includes. Beside what is indicated on the title page, there is matter to carry the reader far afield in the arts and sciences. If one wanted a whole library in one book this comes as near it as one could well hope to find. Of course there is everything relating to meat and milk and oleomargarine and all the things one expects, but there is also much more; there is chemistry, botany, bee-keeping, sugar milling, an exhaustive article on fungi, ditto on fruits, nuts, in fact while it is a book which cannot be said to belong to any particular class of readers, there is in it something for all. It is very handsomely gotten up. There are eleven plates in colors and many other illustrations.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR TWO
MONTHS, ENDING SEPTEMBER 12, 1907

BILLIANI, BERTHA, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

BAUER, MRS. CHRISTIANA M., appointment as Chief Nurse at Zamboanga revoked; transferred to the United States and assigned to duty as nurse at the General Hospital, Presidio of San Francisco, California.

DENAHY, MARIE, transferred from Division Hospital, Manila, Philippine Islands, to Fort William McKinley for duty.

DOERSCH, CLARA C., transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed August 5th.

DUNCAN, ADELAIDE, transferred from Division Hospital, Manila, to Zamboanga, Philippine Islands, for duty.

HENSEL, JOSEPHINE, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed August 5th.

HIMES, M. VIRGINIA, transferred from duty on *Crook* to duty at General Hospital, Presidio of San Francisco, August 6th.

JONES, NELLIE MABEL, recently reported at General Hospital, San Francisco, from Philippines Division, discharged.

KENNEDY, MARY J., transferred from duty on *Crook* to duty at General Hospital, Presidio of San Francisco, August 6th.

LUSTIG, GERTRUDE H., transferred from General Hospital, Presidio of San Francisco, to duty in Philippines Division. Sailed September 5th.

MCVAN, MARY V., graduate of Maryland General Hospital, Baltimore, 1905, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

MARTIN, MONA E., transferred from Zamboanga to Division Hospital, Manila, Philippine Islands, for duty.

MOORE, NELLE, recently on duty at General Hospital, Presidio of San Francisco, discharged.

NOWINSKEY, FRANCES, graduate of St. Mary's Hospital, Milwaukee, Wisconsin, 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

REED, MARGARET D., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

RIORDAN, MARIE A., transferred from General Hospital, Presidio of San Francisco, to duty in Philippines Division. Sailed September 5th.

SALTER, MRS. MARGUERITE, transferred from the Philippines Division to the General Hospital, Presidio of San Francisco, on account of illness discharged.

SEXTON, KATHERINE V., formerly on duty at Division Hospital, Manila, Philippine Islands, discharged in Manila to be married. Married to Mr. Finlayson in June, 1907.

THOMPSON, DORA E., re-appointed as nurse, and after arrival at the General Hospital, Presidio of San Francisco, assigned to duty as Chief Nurse.

WASHINGTON, NANNIE M., graduate of National Homoepathic Hospital, 1905, post-graduate course at General Hospital, Braddock, Pa., appointed and assigned to duty at General Hospital, Presidio of San Francisco.

WHITE, CLARA B., transferred from Division Hospital, Manila, to Zamboanga, Philippine Islands.

WILLS, HARRIET ELSIE, recently reported in the Philippines Division, assigned to duty at the Division Hospital, Manila.



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EDITORIAL COMMENT



THE LOCAL ADVANTAGE OF THE NATIONAL CONVENTION

THE secretary of the Associated Alumnæ was recently asked to prepare for the transportation committee a statement showing the attendance at the conventions of the last four years from various parts of the country. This table when completed was interesting and enlightening. When the convention was held at Philadelphia, in 1904, the largest attendance was from the middle states,—New York, Pennsylvania, Maryland, etc. Next in numbers came delegates and visitors from New England, then from the middle west (Illinois, Indiana and Michigan). There were very few from the far west, only two (who registered) from the south, and none (registered) from Canada. In 1905 the association met at Washington, D. C., and the distribution of delegates and visitors was about the same, but the numbers were slightly increased, and those from the middle west equalled the number from New England. There were a few more from the far west, five from the south, and none from Canada. In 1906, at Detroit, there was a great change in the sections of the country most fully represented. An overwhelming majority came from the middle west, the middle states came next, the attendance from the far west was nearly four times as great as before, there were five from the south, and thirteen from Canada,—showing that Canada benefited by having the convention held so near its borders. At the convention in Richmond this year, the representatives from the south and from the middle states were

equal. The far west came next, but had not so many as at Detroit, while the middle west and New England were about equal, New England sending more than for the three previous years, while Canada dropped to one representative. The total registered attendance was greatest at Detroit, but one can see how much a community may benefit by having the convention in its midst by noting how the southern registrations leaped from three and five in other localities to one hundred and forty-four in its own.

It is hoped that a great effort will be made by each association to send a delegate to California next year. Some societies are taking time by the forelock and are already giving entertainments to raise the needed funds for the long journey. The California associations have always been most generous in sending delegates east, and western nurses generally are more willing to go east than eastern ones are to go west.

A man who had spent some years in Siam, in relating stories of the Siamese, stated that their minds seemed to be of another order than ours, their methods of reasoning were so different. As an illustration, he said that if a Siamese knew the distance from A. to B., no human being could convince him that the distance from B. to A. could be known without measuring. This curious mental process does not seem to us to be so distinctly Siamese, after all; almost all dwellers in the east are stubborn in the belief that the distance from California to New York and the expense of the journey are far less than the distance and expense from New York to California.

In many cases if an association which feels unable to pay all the expenses of a delegate to California would announce early in the season that it would pay part of the cost, setting aside a given sum, and should ask for a volunteer who would represent the association, paying part of her own expenses, such a one could be found,—though it might prove impossible to pick her up hurriedly at the eleventh hour. She should have time to make arrangements ahead as to her work and personal affairs.

THE OPSONIC INDEX.

WE are presenting this month as our leading article a paper on one of the very advanced scientific medical subjects. As this has seemed an abstruse subject for nurses we have waited to secure a paper in which the matter should be presented in simple and untechnical language, comprehensible by the most humble of our readers.

It is being generally conceded that women physicians are doing

specially fine work in laboratory research which requires great exactness in detail, and judging from this paper which has been prepared by two women and from those contributed by Dr. Potter, we are inclined to think that in the interpretation of intricate medical subjects for the instruction of nurses, teachers, and women generally, women physicians have before them a special educational mission.

There has been always in medicine a general air of secrecy and mystery, a hiding of facts from the layman. Now, inspired possibly by ex-President Cleveland, and under the leadership of Dr. Richard Cabot and other eminent men, the public is beginning to be treated as possessing intelligence and the nurse and teacher become important instructors in the work of prophylaxis.

Apropos of Dr. Potter's articles, word has recently come to us that her articles published in the *JOURNAL* have been directly the cause of the introduction of individual communion cups in two churches.

SUBJECTS FOR ALUMNÆ PROGRAMS

WE would again call the attention of alumnæ workers to the president's address at the Richmond meeting, found on page 815 of the August number of the *JOURNAL*. From this may be obtained suggestions for any number of alumnæ programs.

From reports that are coming to us we believe that this is going to be a red letter year for the course in hospital economics at Teachers' College. Miss Nutting is now established in her new position with Miss Hedges as her special assistant in the Economics work. The committee appointed at the Richmond meeting with Miss Deans as chairman is about to issue a circular giving information to the local societies, and we shall hear directly from Miss Nutting herself from time to time of the progress which is being made and the special needs of the course.

We hope that the six thousand dollars pledged may materialize in twice that amount at least.

A good field for home missionary work for the alumnæ associations is almshouse nursing. If, through a committee, each society would investigate the conditions of that institution in its own locality, without waiting for a special appeal from the national committee of which Miss Dock is chairman, there would then be no delay in securing coöperation and the local association would become familiar with conditions, which is the first important step in this movement.

We have received several communications from officers of alumnæ

associations asking what, if any, action is being taken as the result of the discussion at the Richmond meeting in regard to the matter of asking for representation by the alumnae on training-school boards.

There seems to be some misunderstanding in regard to this matter which we are glad to take this opportunity of explaining to any who may not be sure what was intended by the suggestion. It is customary in all educational institutions for the board of trustees or managers to be composed wholly or in large part of the graduates of the institution. Training schools for nurses begin to be classed as educational institutions, they are so classified by the National Bureau of Education. In New York state, under the nursing statute of 1903, training schools for nurses are directly under the supervision of the board of education, and with the development of state registration this recognition is bound to develop.

In recognition of such development it seems only right that there should be representation from the alumnae associations on the boards of nursing schools. The discussion at the Richmond meeting was suggestive with the intention that each alumnae association should courteously request such representation on the board of its own school. There was no formula agreed upon, although it was suggested that the first fall meeting was a good time for unanimous action,—the matter being left to be decided by each society as to what might seem the best way of presenting the matter.

We think this is a subject to be considered by all the affiliated societies. In many instances it has been thoughtlessness on the part of the hospital managers of the growing importance of nursing schools as a whole.

Even if the request is not granted in the beginning, the seed will have been planted and results will surely follow later on.

REÖRGANIZATION OF ALUMNÆ ASSOCIATIONS

FROM reports which come to us we believe that many of the older alumnae associations which have been leaders in the past are suffering from a lethargy which it seems impossible to shake off, the older workers are dropping out, and the younger ones have not taken up the work in the past and so are not in touch with it and it seems impossible to get them to take hold.

A scheme of reörganization has occurred to us which might be tried in some of the large societies,—that is to put all the business affairs of the association into the hands of a board of directors. Let this board be large, composed of one representative from each class that

has graduated, and of the officers. This would bring every class directly in touch with the work of the association and might result in a good many small class organizations which would be pleasant socially. When any class failed to elect a representative, either by its members coming together or conferring by letter, a representative woman from that class could be chosen for a director by the officers. These directors should serve for at least two years, one-half retiring each year, so that one-half the members of the board of directors would always be old ones familiar with the work, and one-half new ones becoming initiated.

The advantages of such an arrangement seem to us to be many. It brings a large number of nurses of all ages into active work. It is a more prompt and efficient way of doing business and the opportunities for opposition and disagreement would be lessened. It would relieve the general alumnae meeting of the business details, which are so uninteresting to many nurses that they stay away. The meetings, being freed from all business, could be devoted to educational and social work; they could be held less often, if that seemed best, and could be made really worth while when they did occur. A directors' report would be given to the association annually and there might be a proviso that no new disposition of the funds of the society should be made without appealing to the whole membership for endorsement.

Almost all large organizations, social, or educational, are managed by boards of directors; there seems no reason why nurses' societies would not do well to adopt such a plan. It would be interesting to see whether such a change would not arouse some of the sleeping forces.

RESULTS OF AFFILIATION

It was announced recently in our pages that the Illinois Training School and the Presbyterian School for Nurses in Chicago had affiliated with the Elgin hospital for the insane, giving their senior nurses the benefit of some experience in this branch of nursing. The results, as will be seen on another page, are that two of this year's graduates of the Presbyterian School have been placed in charge of the nursing in two of the largest state hospitals for the insane in Illinois, Elgin and Kankakee. Each of these nurses had taken this affiliation training and so they are better prepared to fill such positions acceptably than the graduates of general hospitals in the east referred to in recent articles by Dr. Russell and Miss May as having been so disappointing that the officials of such hospitals have ceased to try to put into these positions any but their own graduates.

This exchange of service by which the general nurse broadens her knowledge of mental nursing and the nurse of the insane hospital gets more general work in medical cases is going to be of great benefit to the nurses themselves, to their patients, and to the training schools of both institutions.

WORK AMONG THE NAVAJO INDIANS

Too late for insertion in the missionary department comes a letter from Miss Eyre of Denver, written from the Hospital of the Good Shepherd, Fort Defiance, Arizona, a mission hospital for the Navajo Indians, where she went to substitute for three months and has remained eight, the work has proved so interesting. Her duties in Denver call her back and she appeals to the JOURNAL readers for a volunteer to take her place,—an Episcopalian, as the work is supported by that Church.

There are from eight to ten patients, on an average, under her care. The nurse would receive five hundred dollars a year and her board. The hospital is thirty miles from Gallup, N. M., the nearest railroad station, and one mile from Fort Defiance. The regular agency physician attends the patients. Miss Eyre says of the work: "It is a fine post-graduate experience for a nurse as she has to be interne, druggist, surgical assistant, and oftentimes prescribing physician when the doctor goes off on long trips over the reservation. We need funds very much as well as a nurse." She describes training a young Indian girl, who speaks English, as an assistant, whom she finds more apt than many a white probationer.

A TWICE TOLD TALE

WE have again to call the attention of the officers of societies to the fact that the pages of the JOURNAL close absolutely on the 18th day of the month preceding the date of issue, and that announcements and programs of meetings to be held or reports of meetings that have been held must be in the hands of the editor-in-chief at Rochester before that date.

Where societies are depending upon the JOURNAL for the announcement of the date of meetings to be held within the first five days of the month, such announcements should be made in the JOURNAL of the preceding month, for while it is our rule that the JOURNAL shall be mailed on the first day of the month to all subscribers, an intervening

holiday, Sunday coming at the month end, with the regular half holiday in the printing office, and various accidents which may occur either in the publishing or printing office, make it impossible for us to guarantee that the JOURNAL will always be in the hands of all subscribers, especially those at a distance, in time for meetings which are to take place during the early days of a month. We would suggest that announcements should be made briefly two months in advance and given in fuller detail one month in advance as nurses are frequently away from their headquarters and may not see their magazines with monthly regularity.

When there is not time for a full official report between the date of the holding of a meeting and the close of the JOURNAL pages on the 18th of the month, we would suggest that a brief notice giving the general trend of the meeting should be sent at once to the editor to be followed by a full report the following month.

An incident has recently come to our notice of a very important meeting which failed of its purpose because no announcement was made through the JOURNAL and the attendance was not sufficient to in any way repay for the hard work done in preparation for it. Not only were the conveners of the meeting grievously disappointed, but many who would have attended it missed the opportunity.

Another point which is not fully understood by organizations of nurses is that the JOURNAL makes no charge for such announcements or reports, although it must sometimes claim the privilege of condensing reports which are too lengthy.

Any account of work of nurses which is suggestive or of general interest the JOURNAL gladly publishes, and it is not necessary that an association shall be affiliated with the national society or that there shall be any formal connection with the JOURNAL to be granted this privilege.

A VISIT TO MISS NIGHTINGALE

DURING her stay in England Miss Nutting was privileged to spend a quiet half hour with Miss Nightingale, who listened with the deepest interest to all she could tell her of nursing affairs in America. She says: "Notwithstanding her great age, eighty-seven years, Miss Nightingale seemed to me wonderfully sympathetic and as if an unquenchable spirit still shone in her eyes and filled her voice. I have never been more profoundly affected."

The visit was of so personal a nature that Miss Nutting refrains from giving it further publicity, but the fact that one of our colleagues

has so recently been in Miss Nightingale's presence comes to us like an inspiration.

MISS McISAAC'S NEW BOOK

THE first of Miss McIsaac's series of text-books, entitled *Primary Nursing Technique*, has come to hand from the press of the MacMillan Company, New York, and in every way meets our expectations. As our reviewing editor has stated, it is quite unlike any of the text books of nursing that we have had previously as it deals exclusively with that simple nursing technique which is the foundation of all that a nurse may learn later and which is specially intended for teaching by demonstration in preparatory classes. It is first and last practical, easy to teach from, and the comfort of the patient is the keynote of the book. Not only is the inside most enticing but it is bound in a most serviceable and artistic shade of olive brown, suitable for daily use, but harmonious with such surroundings as we know it will frequently find. There runs through the book that magnetic touch that only Miss McIsaac's pen can give.

It is in our opinion a most valuable acquisition to the library of books written by nurses for nurses. Miss McIsaac has already commenced work on a second volume dealing with subjects that follow in natural sequence.

THE NEW YORK STATE MEETING

THE New York state meeting was held at Syracuse, October 15 and 16, with a good attendance. A request had been sent out by the Education Department to superintendents of training schools and also to the boards of managers connected with their schools asking that they attend this meeting for a conference with the training-school inspector, Miss Alline. This resulted in a large attendance of these women who gathered in special session at a time not given to the general meeting, and it is hoped to make the state meeting a yearly opportunity for such conference.

The program was carried out as planned with interesting papers and discussions. It was decided to give two hundred and fifty dollars to the Associated Alumnae for the JOURNAL purchase fund, and a like amount to the hospital economics endowment fund with two hundred dollars for this year's current expenses.

Mrs. Harvey Burrill and Miss Lightbourne of Syracuse were elected

president and treasurer for the coming year, and Miss Frida Hartman of Brooklyn was reëlected secretary.

DR. BARROWS' PAPER

The paper which touched upon the subject of broadest interest was that by Dr. Barrows of Buffalo on "A Physician's Advice on Caring for People of Moderate Means." It was written in a most cordial kindly spirit, he had spent much pains in getting written opinions on the topic from many other physicians, and the result was a consensus of medical advice which was both interesting and valuable. The remedies advocated by these consulting physicians were an extension of the systems of visiting and hourly nursing and the introduction of trained assistants, in the hospital and out.

The discussion, led by Miss Damer, and entered into by many others, brought out the fact that trained attendants do not stay in the class chosen for them but, as soon as a little experience has established confidence, assume the dress, title, and pecuniary value of the trained nurse, for this reason the nurses present felt that they could not endorse this plan. One superintendent stated that it would undermine the whole system of training nurses for the probationers who started work side by side with these attendants would rebel at spending so much longer time in training when these women after six months were ready for work.

Some of the men whom Dr. Barrows quoted accused nurses of the spirit of the trades-unions in sitting at home idle, waiting for a call, yet refusing to go where there is need for their services at reduced rates. Miss Damer replied to this by saying that the characteristic of a trades-union is the fixing of prices. A plumber or carpenter is forbidden by his union to work for less than the established rate. She had never heard of a nurses' association which established a rate for its members. The reports of two associations given elsewhere in this magazine, record just such action, which seems to us beneath the dignity of these societies, but we believe we are right in thinking that these nurses have merely changed the average rate to be charged in those localities and that no one of the members is less free than before to lower her charges where there is need or to give her services when she can afford to do so. This is analogous to the action taken by some medical societies for the fixing of fees. We have at hand the table of twenty-eight items recommended for adoption by the Ontario County Medical Society, October 30, 1906, in which no provision for reduction of rates or giving of services is provided for, though undoubtedly the worthy practitioner

will continue as before to devote himself unselfishly to the relief of those in need of his services without stopping to consult his schedule of fees.

To return to Miss Damer's remarks, she said: "Where can you find more of a trades-union spirit than in the New York Medical Society. Nurses do not go into court to fight those who have not graduated from a training school." She added that the whole burden of caring for these people at reduced rates falls on the shoulders of the private duty nurse who is criticised on the one hand for not saving money for the future and on the other hand for not giving her services more often. She suggested that hospitals should do their share by spending part of the funds at their disposal in less costly equipment, furnishing, instead, rooms which could be set apart for patients of moderate means at rates they could afford to pay without thrusting them into the ranks of charity patients.

Dr. Barrows warned nurses to beware of the disloyal physician and the disloyal registrar who are willing to recommend untrained women without stating them to be such. In this connection let us say that in discussions on this subject with various nurses, we have over and over been told that one of the reasons why they can not reduce their rates is that the disloyal doctor will take advantage of their reduced charge to add to his own fee. In many cases where a nurse has had such an experience, she is forced to make the lowering of her fee a secret between herself and her patient and obtains no credit for her charity.

Dr. Barrows expressed surprise that no one suggested state registration as a protection from the impostor. Several nurses in charge of directories emphasized the fact that nurses in general are not getting the benefit they might from state registration through mere neglect to use the letters they have fought so hard to win. If all lists of nurses, in nurses' directories, and in city or telephone directories, showed by the use of these letters which were registered nurses and which were not, we should be getting daily more practical benefit from our state laws. It is not to be desired that a nurse should write R. N. after her name on all occasions, but this should be added to her signature on a professional card, if she uses one, also in all official correspondence on nursing affairs. We are sometimes asked how we can make the public realize that there are registered nurses. If every nurse who is registered, and there are now thousands, used her title at proper times and places the public would soon know what the letters stand for. It is a curious fact that many of our best workers along legislative lines, those who

have made great sacrifices for their profession, are neglecting this duty through carelessness or inertia.

Registration like any other great movement must work slowly. The immediate correction of all existing abuses has never been promised by workers in this field.

MISS FULMER JOINS THE JOURNAL STAFF

WITH the January number we are to open a department of Visiting Nursing, under the editorship of Miss Harriet Fulmer, of Chicago. The *Visiting Nurse Quarterly* will be continued as a local magazine with one of Miss Fulmer's assistants in charge.



IN an article in *Charities* on Tuberculosis and the Schools, Dr. John H. Lowman of Cleveland says:

In order to control tuberculosis during the school age it is necessary:

1. To discover through the records of the municipality and public institutions the children who are infected and those who live in infected houses.
2. To examine and classify the individuals thus found and place the contagious cases in sanatoria and the others in separate schools.
3. To develop the hygienic surroundings of these separate schools to the highest pitch of excellence.
4. To specialize these children even during the vacations by referring them to the special consideration of outing societies.
5. To provide physicians who will at stated intervals examine the children and report to the supervisors the conditions found.
6. To use the utmost precautions for the protection of the teachers.
7. To introduce systematic courses on hygiene and tuberculosis into the curriculum of the schools.
8. To provide sanatoria for children.

The difficulties to be overcome are:

1. The examination of thousands of children in order to detect and classify those affected with tuberculosis.
2. Provision for the contagious cases in sanatoria for children.
3. Teachers for the classes of children with latent non-contagious tuberculosis.
4. Vigilant medical supervision of the tuberculosis classes.

OPSONIC INDEX AND VACCINE THERAPY

BY RUTH VAIL, M.D., AND MARY C. LINCOLN, M.D.

Private Laboratory Dr. L. L. McArthur and Dr. J. C. Hollister,
St. Luke's Hospital, Chicago.

It is the appearance of a newly coined word which often sheds a halo of mystery about a comparatively simple subject. Such a mystery seems to radiate from the term "opsonin," and it is our desire that all nurses shall understand both the meaning and the value of opsonic therapy, which is arousing such interest in the present day professional world.

The term "opsonic" is a Greek word meaning "I prepare food for," and opsonins are substances whose presence has been demonstrated in the blood of both man and the lower animals, the function of such substances being to prepare bacteria as food for the white blood corpuscles.

The terms toxins and antitoxins are no longer vague to you because you know how they work; they belong to your everyday vocabulary, and such shall be the case with opsonins as soon as you understand their function.

Bearing in mind the mechanism of immunity, which consists in raising the resistance of an individual against a given microörganism, you are master of the fundamental principles of opsonic therapy, which is nothing more nor less than the process of immunizing the individual against invading bacteria. You treat a diphtheria child with antitoxin derived from the blood serum of a horse which has been immunized against the bacillus diphtheriæ, or vaccinate a man exposed to small-pox, by introducing into his lymph channels, the lymph obtained from a cow with cowpox. These things you do to create in the blood of the individuals such an excess of antibodies to combat the invading germ and its toxins, that the individual in question shall become immune to the given microörganism.

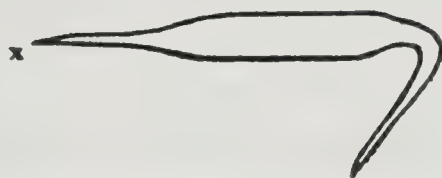
When pathogenic bacteria gain entrance to the body, the outcome depends upon two factors: (1) The infecting agent, and (2) the individual infected.

(1) The infecting agent owes its morbid success to three main things: (*a*) Its virulence, or power to multiply in the body and cause disease, (*b*) the number of bacteria which are introduced, for we know

that tissue whose resistance has not been lowered, can withstand a certain number of pathogenic bacteria, (c) the pathway of infection, *i.e.*, whether the organisms enter the blood stream directly, as in septicemia, or are localized, as in an abscess.

(2) The individual infected owes his resistance to four main protective powers of the blood, which combat the invading bacteria and their toxins. These four protective agencies are in character: (1) bactericidal, or having the power to kill bacteria; (2) bacteriolytic, which includes not only the power to kill but to dissolve bacteria; (3) agglu-

FIG. 1.



The completed capsule. Note the fine stabbing-point at the straight end x. From D. J. C. Hollister's paper, *Jour., Surg., Gyn., Obs.*, Vol. III, No. 6, 1906.

minating, or possessing the power to produce clumping of bacteria; (4) phagocytic, or the power of leucocytes to engulf and digest bacteria.

One or all of these may act on one class of microorganisms, but all four protective powers do not necessarily act the same way on all bacteria. For example, diphtheria antitoxin has given such marvellous results that we no longer dread the sound of the term diphtheria. However, serum has been prepared in exactly the same way to combat many other diseases, with but very little success.

It is to the phagocytic power of the white blood corpuscles that

FIG. 2.



The finished pipette, with rubber teat applied and a volume marked off by blue pencil (x). From Dr. J. C. Hollister's paper, *Jour., Surg., Gyn., Obs.*, Vol. III, No. 6, 1906.

Wright and Douglas and their followers have so successfully looked for aid to fight the morbid progress of several different classes of pathogenic organisms discussed further on. They have found it possible to artificially increase the production of opsonins in the blood by subcutaneously injecting into the patient a carefully measured quantity of vaccine (sterile bacteria). The increased phagocytosis which results, is not due to any direct stimulation of the leucocytes. The newly formed opsonins are in the blood serum and act in some unknown way on the bacteria, so changing them that the white blood corpuscles, or scavengers of the body, greedily eat them up. Careful experiments have shown that leucocytes

washed free of serum and brought into contact with an emulsion of bacteria, show no phagocytic action, while if they are brought into contact with the same organisms which have been previously bathed in blood serum and the serum then carefully washed off, the microbes are rapidly engulfed by the leucocytes.

A personal vaccine is prepared when possible, by isolating the organism from the infected individual, but as the preparation of the vaccine requires several days after the organism has been isolated, the first dose is usually given from the "stock bottle." Stock bottles of vaccine made from pure cultures of various kinds of bacteria are kept in an opsonic laboratory, each bottle of course containing only one kind of bacteria, e.g., staphylococcus. Since it requires nearly three months to cultivate the tubercle bacillus on artificial media, it is plainly evident that it is impracticable to treat tuberculous patients with personal vaccines.

The normal opsonic index, as discussed below, is 1.0, that is, there is in the blood of normal individuals practically an equal measure of opsonins. The object of opsonic therapy is to raise and maintain the opsonic index as high as possible above normal, for as long a period as possible, thus constantly preparing multiplying bacteria as palatable food for the leucocytes, until the infected individual has become immunized against the infecting organism.

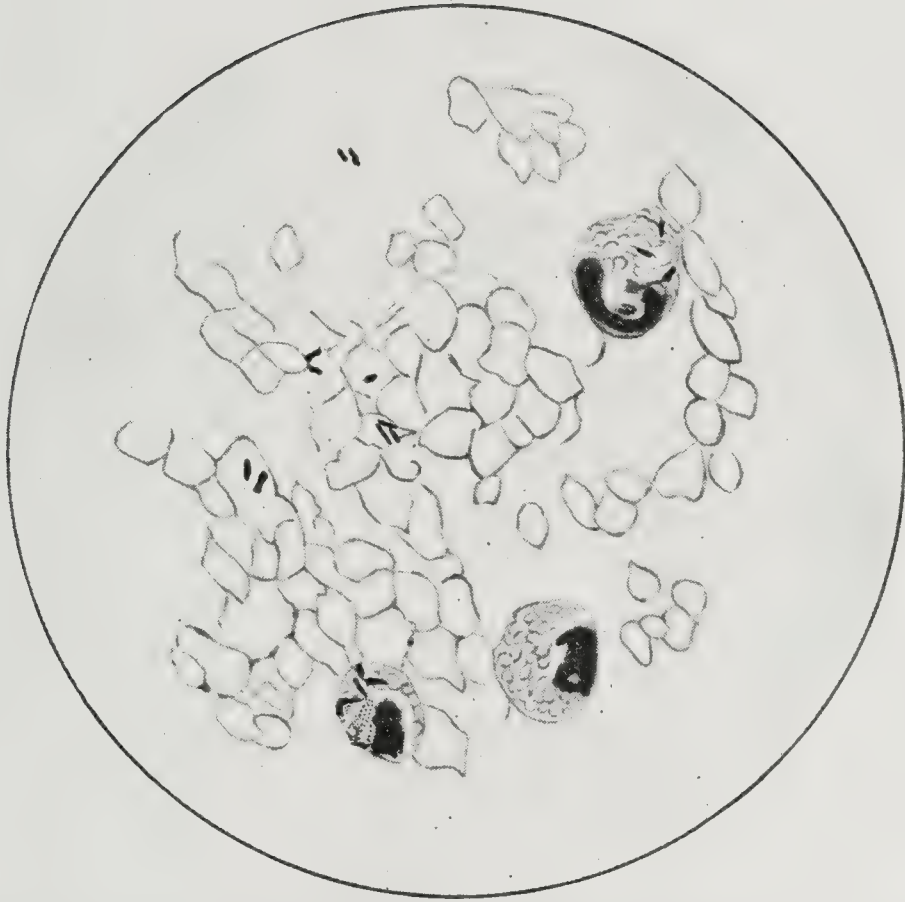
The blood is examined on the first two or three days to see whether or not there be a negative phase and to determine the maximal rise of the opsonic index. The negative phase consists in the index falling lower than it was when the vaccine was given, and has occurred but rarely in our experience. On the sixth or seventh day the index is again determined and as soon as it falls to one or below, another injection is given. Although there are many chances for error in the technique, we sincerely feel that the opsonic index is a valuable guide in regulating the time and size of the dosage, and should be carefully followed until we find a better guide.

TECHNIQUE

To measure the amount of opsonins in the blood, we must measure the degree of phagocytosis. In other words, we must determine the opsonic index. There are three main elements necessary to determine the opsonic index, *i.e.*, leucocytes, blood serum, and bacteria.

1. Leucocytes: Ten to fifteen drops of blood are dropped into a solution of sodium citrate in physiological salt solution, gently mixed and then centrifuged five minutes. The leucocytes are thus washed free of serum and are to be found in the upper layer of corpuscles after the supernatant salt solution is drawn off.

FIG. 3.



Leucocytes containing tubercle bacilli under oil immersion. From Dr. J. C. Hollister's paper, Jour., Surg., Gyn., Obs., Vol. III, No. 6, 1906.

2. Blood serum: A few drops of blood are drawn into a glass capsule (Fig. 1), the capsule sealed and centrifuged so that the blood corpuscles are thrown to the bottom, leaving the clear serum on top.

3. Bacteria: The bacteria which are causing the disease to be treated are grown on agar for twenty-four hours, the growth scraped into physiological salt solution to form an emulsion, mixed thoroughly and diluted so that there will be about one to two germs to be ingested by each leucocyte.

Equal volumes of leucocytes, blood serum, and bacterial emulsion are drawn into a capillary pipette (Fig. 2) and mixed by blowing back and forth on a glass plate. The end of the pipette is sealed and the whole incubated for fifteen minutes. The contents are then mixed as before, spread on slides and stained (Fig. 3). The number of bacteria ingested by fifty leucocytes is divided by the number obtained when the blood serum of a normal person is used in place of the blood serum from the patient and the quotient is the opsonic index of the patient.

BACTERIAL VACCINES

Bacterial vaccines are emulsions of a known number or weight of dead bacteria in physiological salt solution.

The bacteria are grown in large quantities on agar and the growth washed off with salt solution into large glass tubes which are then sealed. The clumps of bacteria are broken up by shaking the emulsion vigorously for an hour. The number of bacteria per c.c. is then counted. There are sometimes as many as seven thousand or eight thousand million bacteria per c.c., so that the counting is done by diluting a minute but definite amount of the emulsion with a known amount of salt solution, and comparing the number of bacteria in this diluted portion with the same volume of blood which we know contains five million blood corpuscles per c.c. The original emulsion is diluted with salt solution to a convenient strength for administration. The vaccine after being kept at 60° C. for an hour to kill the bacteria, is stored in brown bottles with rubber surgeon's finger tips fastened over the mouths of the bottles. Every step in the preparation must be taken with great care so as not to contaminate the vaccine. Before administering it, however, some of it is withdrawn from the bottle and planted on agar to see whether it is sterile. If no growth appears the vaccine is pronounced sterile and will keep indefinitely. To give a dose of vaccine the rubber top is dipped in lysol, the bottle held inverted, the rubber top pierced by a sterile hypodermic needle and the required amount of vaccine withdrawn into the hypodermic syringe, and injected subcutaneously. The tubercle vaccine is prepared by weight from Koch's new tuberculin.

Vaccine therapy has not been used in all infections; there are certain classes in which it has proven itself to be especially applicable. There has been perhaps the most rapid and marked results thus far in infections due to the pus forming microorganisms, *e.g.*, staphylococcus, streptococcus, *B. pyocyaneus* and, *B. coli communis*, in such diseases as Forunculosis, Acne, Abscess formation, etc. One needs but to see Acne, a disease so persistently unyielding to the usual local and systemic treatment, or Forunculosis, of years' standing and constantly recurring foruncles in spite of all treatment, yield rapidly and surely to vaccine inoculations, to realize the great value of vaccine therapy.

Tuberculosis presents an extensive field for vaccine treatment and results here have been gratifying in materially shortening the course of the disease, and instituting cure where other forms of treatment failed. This is more especially true of localized Tuberculosis such as bone and joint Tuberculosis, Tubercular Adenitis, Lupus, Tuberculosis of the Genito-urinary tract. Much preliminary investigation remains to be done before any conclusions can be drawn as to the value of vaccine treatment in pulmonary Tuberculosis.

In Gonorrhea, we are not in a position to draw clinical conclusions, although several physicians have reported very striking results in chronic cases. In our laboratory, some thirty-five cases of Gonorrhea have received vaccine inoculations. It was difficult to keep track of these cases, many of them leaving the hospital without warning. All were improved and some cured, but we were able to use the vaccine treatment alone in only three cases, the others receiving the regular routine treatment for Gonorrhea. Two of these cases showed prompt and rapid improvement, the third shows very little improvement as yet.

Certain general principles of treatment can be learned by a study of a large number of cases.

1. A dose of vaccine causes a rise in the opsonic index usually on the second or third day, followed by a gradual drop until it reaches 1.0 or below. There may be many variations from this.

2. Vaccine should be given when the opsonic index remains stationary about or below the normal line. This commonly occurs between the seventh and tenth days, though it may not occur for two weeks or more.

3. The maximum rise of the opsonic index, the time when this occurs, and the length of time the index remains above normal are the guide marks in determining properly sized and spaced doses of vaccine.

4. The average dose of Tubercle Vaccine is 1/1000 mg. of tubercle bacilli, of Staphylococcus Vaccine 500 to 1000 million staphylococci of Gonococcus 5 to 10 million gonococci.

POST-OPERATIVE NURSING—ABDOMINAL SECTION

By CHARLOTTE MANDEVILLE PERRY

Superintendent of Nurses, Faxon Hospital, Utica, N. Y.

THE *bête noire* of the surgeon after operation is the remote effect of the anæsthetic upon the intestines, kidneys, heart and lungs. It is important that the nurse in charge of the case should be efficient—thoroughly acquainted with the nursing detail—intelligent in noting symptoms. The use of nitrous oxide, or of scopolamine previous to the administration of ether does much to prevent these harmful effects, which should be anticipated by starting treatment promptly. Normal salt solution if used freely, is sometimes called for in large amounts, and should be prepared for every laparotomy,—infiltration and infusion sets being in perfect working order and sterile. When absorbed into the system, salt solution restores equilibrium to the circulation, and stimulates the kidneys and the whole system in conditions of shock. It should be kept at a temperature of 112° F. for flushing out the abdominal cavity; for controlling hemorrhage, about 114° F.

The nurse's responsibility begins at the time the patient is entrusted to her by the surgeon. When necessary, warmed blankets may be brought into the operating room to avoid chilling the patient while being transferred to a bed which has been previously heated. The first twenty-four or forty-eight hours is a time of anxiety to the nurse and a test to the patient's resistive power. Before distension begins, stimulating enemata of eight ounces of normal salt solution, at a temperature of 110° F., may be given to increase the amount of urine. Skill in giving enemata is proof of a nurse's capability. The rectal tube should be inserted eight or more inches, and carried beyond the sigmoid flexure—the proper direction and force being exerted. Sometimes this may be successfully accomplished by floating the tube over a current of salt solution which is allowed to escape in the rectum while it is being passed. The same precaution against exposing the patient to cold is to be observed; especially when nephritis is likely to be present. Distension is to be expected and dealt with promptly. To relieve this condition, enemata containing ox-gall, asafoetida or turpentine, combined with glycerine one ounce and saturated solution of magnesium sulphate four ounces are ordered; also, eserine, hypodermatically. This acts as a relaxant upon the intestinal wall. Objections to morphia are partly overcome by combining it with

atropine, which is occasionally used instead of eserine. There are two points to remember in the administration of enemata to relieve distension. One is to begin early before the accumulation of gas in the lower bowel drives back the injected fluid. The other most important thing is to see that the enemata are returned, with or without result—thus avoiding intestinal drownage and further paralysis of the wall. Persistence, as well as watchfulness, is needed in treating distension. The successful passing of the rectal tube often results in the expulsion of flatus, which is the object desired. Calomel and salts may be begun after nausea ceases; the salts often will be retained when given hot, in divided doses. Plenty of distilled water by mouth and concentrated nourishment, as the condition permits, will be so much gained for the patient.

For nephritic patients, the hot air, vapor or steam bath will be in order; also, the hot, wet or dry pack. Worse than none is the imperfect construction or application of one or the other. For the hot air bath, the alcohol lamp is better, as it generates more heat. An elbow pipe covered with asbestos, cradles, three long rubber sheets, and an atmospheric thermometer registering from 150° to 200° F. will be needed. A rubber lining to the hot air chamber is preferable to blankets, which absorb the heat and moisture. These may be used as additional cover to the cradles, thus conserving heat. The patient lies on a long rubber sheet, loosely enveloped in a light woolen blanket. It must be noted that moist heat is more penetrating than dry. To aid in diaphoresis, pilocarpine may be prescribed, as in cases of uremia or eclampsia.

During the first two or three days, the temperature may not be significant. It becomes noteworthy, if complications arise, such as pneumonia, when the respirations will be increased; or, a subnormal temperature may indicate a state of collapse. The value of a record of the temperature, pulse and respiration lies in its showing, perhaps, the absence of such complications. But in reporting to the surgeon, the actual salient points of the patient's condition should be mentioned, not those which at the time are insignificant. The character and rate of the pulse; whether or not there is distension; the amount of urine obtained after eight hours have elapsed since the operation; these are the first things to be observed. The attention must be centered upon the abdominal condition, though it may be arrested by any signs of disorder. The heart action must be watched continually; it is a great guide. For stimulation, strychnia acts upon the cardiac muscle; aseptic ergot does more through its power over the vaso-constrictor nerve. Adrenalin chloride also increases the tension of the pulse and results are obtained quickly from its use.

Classifying operations as septic or clean, the more septic a case, the more thorough should be the drainage. The patient should be kept strictly on his side to secure the benefit of gravity. A nurse is often left with the dressing of such a wound, and should manifest no timidity in getting at the bottom of a sinus. Nourishing diet is an important factor whenever the system has become depleted through sepsis. In clean cases, there is a certain relief in knowing the wound is closed and in the hope of its healing by first intention. Yet, even here, there are enemies in ambush, *e.g.*, internal hemorrhage. There may be a slow oozing which fills the abdominal cavity, closely resembling distension, the symptoms of which may be mistaken for shock from other causes. The mind, therefore, should habitually review all the possible avenues of danger and be prepared for the unexpected, the one thing which happens. Embolism is another dreaded foe. Those who have nursed to convalescence only to lose a patient in less than ten minutes know some of the disappointments of professional service. It is a cause for thankfulness that these accidents are of rare occurrence, and that the efficient nurse may so frequently find her joy in bringing the surgeon's work to a successful termination.

NURSING YOUNG CHILDREN

By ANNA J. HASWELL

Graduate Illinois Training School for Nurses

THE nursing of young children stands out as a division of our work needing special study. We have no branch that is more important. When a nurse enters a home to care for a sick child she is given a great responsibility, and if she is fitted to do the work she must have had preparation for it.

Children are so at our mercy; no nurse can have the right spirit and not show great kindness to them. They must see that we are their friends and there to help them. It is not strange that a child who has always been cared for by parents or some one else in the home naturally shrinks from a stranger, and we often have to win our way and sometimes let the mother do things we would otherwise do until the child becomes accustomed to us. Kindness must include firmness. This is very important. We should avoid making a child cry as that is very apt to make him worse, particularly if the disease involves the throat or lungs, but with tact the medicines will be taken and treatments given.

Do not try to deceive a child. If he finds that we have led him

to believe what is false we have lost his confidence. He will not believe us next time. For example, do not tell a child when you wish to give him castor oil that it is good. It is far better to tell him that it does not taste good, but you want him to take it. Then he will have reason to believe you next time.

As a rule, the onslaught of disease with a child is far more rapid than with an adult, and death or recovery is also more rapid, hence a nurse must be very vigilant in her watchfulness, and be quick to recognize symptoms.

It is easier to induce sleep with a child than with an adult for the mind is at ease, and sleep is a large factor in the recovery of a sick child. A child in health requires more sleep than an adult and so it is in sickness, hence all preparations for the night should be made at an early hour. If there is fever which must be reduced by a sponge or pack, it is a good plan to begin with warm water so as not to frighten the child. Ordinarily a child's fever is more easily reduced than an adult's.

Our work with children lies chiefly along the lines of certain diseases, namely, those caused from poor digestion and mal-nutrition, lung or bronchial trouble, and the so-called children's diseases, which are also contagious.

With all, free elimination of the waste through the bowels and kidneys is of prime importance. This will do much to prevent fever, and help to keep up good heart action. If the elimination is not kept up the circulation is impaired by the added burden of the poison of the disease.

Much of the sickness of children is due to poor digestion, often brought on by improper food. The age of the child largely determines what food to give. If a cereal, it should be cooked thoroughly, if milk, it should be pure. Pure milk without sterilizing, is far better than poor milk sterilized. Even after infancy, if the milk forms in curds in the stomach, a little lime water will usually prevent it. But in illness we must rely upon the physician to give directions in regard to food as well as medicine. We should not try to crowd the food. A little, digested, is far better than a large quantity which is not retained, or which causes disturbance.

An instance in mind is of a little child three months old whose mother, in her anxiety to have the baby gain, gave six ounces of food every two hours,—the child retaining only a little and losing in weight continually, weighing less than seven pounds at three months. We changed from six ounces to two ounces of food, and gave it once in three hours in place of two, and the food was retained. When the baby was

fretful between feedings, she had hot water, as hot as she could take it.

The baby's stools were extremely offensive and of bad color. In two weeks they became nearly normal, the baby had gained twelve ounces, and could take about four ounces of food at a time. The child was an excellent example of mal-nutrition. Her skin was very drawn, and her face looked old and pinched. Twice daily we bathed her with warm sweet oil, and let her lie near a fire until the oil was absorbed. She continued to steadily gain.

The treatment of a child with pneumonia is practically the same as with an adult, but his utter helplessness in raising any accumulation of phlegm or mucous often causes very alarming symptoms, and a nurse should be ready at any time for an emergency of very difficult breathing. An excellent remedy and one quickly obtained is flax seed, prepared as for a poultice, with some four tablespoons of turpentine, the steam of which is inhaled under a quickly improvised tent. As the mixture is so very hot it would not be safe for a minute to leave the child alone with it, so some one must be under the sheet with him to hold the dish where the fumes are inhaled. The pulse must be closely watched till the disease is over, and the child kept from over-exertion, for the heart, because of the nature of the disease, is much overworked.

It is very important to keep up the nutrition and yet not overtax the digestive organs.

There are only two of the contagious diseases of children for which a nurse is often called. They are diphtheria and scarlet fever. Too much cannot be said of careful preparation to fit one to care for children with these diseases. Scientific study on the part of bacteriologists and physicians, together with the trained nurse of the present day, has done much toward preventing as well as overcoming them, but nevertheless they still stand for two of the worst diseases of children. The complications which may arise with them are very grave, and only as one understands what these are may they be avoided.

A nurse must not only understand them to care for such well, but she must lose her personal fear of them, for it is simply impossible to care for such at arm's length with averted face. One of the first things a nurse should do when called to a case of diphtheria is to provide means of disinfection, and arrange the room and paraphernalia for treatment and care so as to have them as convenient and complete as possible. Methods of disinfection we will not discuss in this paper. Diphtheria is caused by the entrance into the system of bacteria which, while chiefly located in the throat, poison the whole system. The nurse must be able, with much care and gentleness, to treat the throat. It must not

be carelessly done, and all symptoms of difficult breathing must be very closely watched. The child should be irritated as little as possible. One of the best methods for swabbing the throat of a child is to wrap him in a light blanket so as to secure the arms then take him in your lap with his head upon your shoulder, your left arm firmly about him, and with the right hand carefully, and again we say gently, treat the throat. This has to be done every three or four hours. Avoid causing the throat to bleed. Keep up the nutrition and watch the heart. The toxic condition causes a rapid and usually weak pulse, and over-exertion must be avoided. Often the throat with scarlet fever becomes diphtheritic and has to be treated the same as in diphtheria cases.

One of the greatest advances made in the medical and nursing profession is in the marked decrease of severe complications with scarlet fever. This is certainly due to the changes in treatment and care. Present methods are reducing fever, and the giving of plenty of water not only retards the progress of the disease but aids the kidneys to carry off the poison from the system. A child may not care for the water, but he will take it if we ask him to, and lemonade is considered excellent by many physicians to be given once daily to stimulate the kidneys. Many a child in the days gone by was left with a weak heart or diseased kidneys because these things were not known.

Paralyzed and otherwise weakened bodies, as a result of poor care, were formerly frequently known as a result of scarlet fever, but knowledge of the disease and trained nursing have made such results unnecessary. Often the ears are much affected and abscesses form in them. This requires very careful cleansing with a syringe every three or four hours during the day, or even oftener. This must be done to prevent deafness. With the old methods, deafness was one of the most frequent results of scarlet fever.

We have tried to show what a nurse may do in her care for sick children, not only to relieve them, but to prevent complications. Perhaps one of the most trying stages in caring for sick children is the convalescent period. They cannot understand the necessity for being quiet, and one must exert one's self to be specially tactful and firm until the child is strong enough to actively exercise. Often the child, who is very submissive during the acute stage, becomes peevish and anxious to be up when he is far from strong. The little one, too young to be entertained often, ought to be held from time to time to change position, and rest the body. If older, there are many quiet means of entertainment, which help to pass the trying period. Quiet games, if the child is old enough, may be played occasionally.

The cutting of pictures from backs of magazines, and arranging them in a scrap-book made of paper cambric never fails to entertain. Colored pencils help out. A nurse caring for children should be able to help fill in this period with stories and jingles she has learned, or can read. Then there is the making of soldier caps or a fleet of paper boats which greatly attracts; and simple games to be played with a pencil.

However, no form of entertainment should be continued long enough to tire, and periods of rest and quiet must be insisted upon. The nurse who succeeds in winning the confidence and love of the children, in whatever stage of illness she is with them, has scored a large point in her success in the care of them. Let us be willing to do anything which will accomplish the greatest good for the child, and honor our profession by becoming more and more efficient in our ability to care for sick children.

THE HOME-SCHOOL FOR PRIVATE NURSES *

BY M^{LE}. L. CHAPTAL

Directress of the School

It is not without some sense of emotion that I address you to-day. It is the first time, in France, that an audience of this kind has been gathered together. For the first time, in France, we as nurses, are called to participate in a movement to which up till now we have appeared to remain indifferent.

I say intentionally "have appeared," for we have not been so in reality—as the papers that you have just heard read have proved. No, our country is never the last when it is a question of devotion to duty, and we can recall traditions of noble work accomplished by the nursing profession in France. But, alas, there are, even in the most brilliant histories, moments of eclipse. We have traversed one of these moments, and if to-day I am moved in speaking to you, it is because once again the sun seems about to reappear from behind the clouds, to revive us with the warmth of his rays.

After the striking report of Mme. Alphen-Salvador—who has been the first in Paris to restore the nurse to that place in the social scale to which she has the right—it may seem that there can be nothing left for me to say to you. It may seem also that the school which has been founded by her renders all other private foundations useless and superfluous; but, to limit ourselves in such a large city as Paris to one type of school, superior though it may be, would be to strangely contract the

* Read at the International Council on Nursing, Paris, June 18, 1907.

field of action which is ours, and that of our colleagues. Since the beginning of the century, each year has seen the development of new work—founded with the same aim.

It was in 1904, that the Home-school for Nurses—of which I am going to speak—was founded, through the initiative of a woman whose illustrious name is honored by all. I speak of Mme. Taine. Profoundly impressed by the idea that the care of the sick was being more and more abandoned by the right class of French women, Mme. Taine was led to ask herself if this deviation from the path of duty had not its origin in a misunderstanding. In this country, the general opinion had so long been, that to be a nurse implied the taking of the position of an inferior; and that to direct the ward of a hospital, or to be entrusted with the care of a sick person in a private family, it was necessary to wear the garb of a nun. Consequently, it was the name of “nurse”—so noble and so great in itself—that it was necessary to revive. Now we know that “the habit does not make the monk,” any more than a name makes a thing; but how greatly it helps towards it! From thence, the foundation of the Home-school, which has for its object the actual solving of the problem.

Those to whom Mme. Taine spoke of her scheme—the regretted Princess de Wagram, the Baroness James de Rothschild, her sister, and amongst the doctors, Dr. Maurice Letulle—looked at it from the same point of view as herself: they were convinced from the outset, that nothing ought to be left undone, in order to put it into practice. It was from the very beginning that Mme. Taine confided her scheme to us—convinced that our ideas would be the same as hers (as they had never ceased to be during several years in which we had collaborated in work of another kind).

A residence being found, the school was opened at the beginning of 1905, in a quarter sufficiently central—as far as the hospitals are concerned—to allow of the pupils going backward and forward to their daily duties.

The Rue Vercingétorix is situated at an almost equal distance from all the large hospitals of the “Assistance Publique,” which do duty for the left side of the Seine; Laënnec, Necker, Broussais, Cochin and Boucicaut for the adults; the “Maternité” and the “Clinique Tarnier,” for women; the “Enfants Assistés” and the “Enfants Malades,” for children, and lastly, the Pasteur Hospital for infectious diseases. And it is in these different hospitals, with their infinite variety of wards and unlimited number of patients, that the professional studies of the pupils of the Home-school have been made daily during the last two and a half years.

Lectures in theory are given every week at the school by several of the doctors and surgeons of the hospitals. These lectures provide the pupils with the necessary technical instruction, without ever superceding or taking precedence of the practical part of their duties, carried out at the bedside of the sick in the wards of the hospitals. The pupils spend four hours every morning and two afternoons each week (altogether about forty hours a week) working in the hospitals. Their successive stages last for two years, and take them through all the different wards of the hospitals, both general and special, *i.e.*, medical and surgical wards (first adult, then children), maternity wards (learning the care of mothers and their new-born infants), each taking four months. In addition, one month is passed at the Pasteur Hospital for the practical study of the nursing of contagious diseases, their mode of disinfection, etc.; two months for the management of nervous patients, and several weeks besides in other specialities such as eye, ear and throat hospitals, etc.

A monitress, attached to the school, follows the pupils through their various stages, puts them “au courant,” inspects their work, acting always *in accordance* with the doctors and sisters of the wards. It is the duty of this monitress to render to us an exact account of the progress made, and of the difficulties encountered. The great courtesy shown by the doctors, and the perfect cordiality which exists between our pupils and the members of the staff, enable us to make a fair estimate of all that concerns the work of the pupil at hospital. At the end of each stage the doctors who have watched the pupils at work in their wards give them (after consulting with the head nurse) an “appreciation,” or short report on their work, which is entered in the daily attendance book of the pupil. It is this attendance book, thus endorsed by the doctors and signed daily by the “surveillantes” (head nurses), which enables us to bestow upon the pupil at the end of her two years’ study the certificate which represents the diploma (the medical committee of the school making use of this means to avoid the stumbling-block of a purely theoretical examination of which the *least* disadvantage is to direct the efforts of the pupils in exercising their memory—as students—rather than to the exercise of the practical part of their duties as nurses).

I must add that the training at the school includes a course on invalid cookery, and that a certain amount of housework is expected of all the pupils.

As to the moral part of the teaching, it is given by a delegate of the committee. I feel some diffidence in entering into details on this subject, but I may say that lectures are given once a week on general

ethics, especially dwelling upon those points which refer to the professional life and character of a nurse.

I am glad to notice that both in the method employed in arranging the successive stages, and in the moral program of the school, we find ourselves in accord with the ideas of our colleagues in other countries. Indeed, I have been more than once struck in reading the very interesting *AMERICAN JOURNAL OF NURSING* to find there expressed the very same ideals that we have always held.

It only remains now to speak of the financial side of the work. Here again the name of the Baroness James de Rothschild holds the first place. It is thanks to her generous donation that the school has been able to be established in a building, the state of which necessitated many important alterations and repairs. This building is sufficiently large to accommodate thirty-four persons, twenty in separate rooms and fourteen in cubicles. It is also a home for the old pupils (private nurses) who are thus always able to keep in touch with the school. They pay a fixed sum for their board when staying in the house, but all their earnings are paid straight to them while they are private nursing, minus an indemnity of ten per cent. for the first three years, after which it decreases in proportion to the length of the engagement renewed by the nurse at the expiration of those three years. It is then on the cooperative basis that the finances of the school are established; and here again we find ourselves in accord with our English colleagues.

Let us then, to-day, when we are able, at last, to exchange with so many different countries those ideals which are dear to the hearts of all women, congratulate ourselves on the cordial understanding which exists between us; and may it continue to grow and extend for the greater benefit of all those to whom our lives are consecrated—the poor, the suffering, the infirm, all those who stand in need of our help and sympathy.



RED CROSS OF FRANCE

By L. L. DOCK

THE Red Cross of France is composed of three societies and their branches: the French Society for Aid to Wounded Soldiers, founded in 1864; this was the society recognized by the International Committee at Geneva, and was the only one so recognized until January, 1907: The *Association des Dames francaises*, founded in 1879 (which also admits men); and the Union of Women of France in 1881. In 1907 these three societies became affiliated under the name "Central Committee of the French Red Cross" and the president and general secretary of each society have a seat in this committee.

During the war of 1870 France had some auxiliary women's societies, but they were disbanded after the war. The French women were far behind the Germans in organization, for Germany had over sixty thousand women united in close and systematic articulation under the Red Cross. Nor had the French women realized the necessity of preparing, in time of peace, by training nurses to be ready for war. Strangely enough, the most authoritative members of the older society, when urged to consider the advantages of organizing women as Germany had done, did not believe it would be successful! The experiment was made by Doctor Duchaussay of the Paris University. In 1877, he started the first class in First Aid, and two years after, encouraged by his results, founded the association of "Dames."

The French Red Cross is numerous, wealthy, and very generous. The women send travelling libraries to distant outposts, provide lavishly in times of disaster, and have abundant and complete outfits ready for every emergency. But in nursing they have never gone beyond a superficial stage. They have done nothing toward establishing training schools for professional nurses, but have an enthusiastic craze for volunteer nursing. Dressed in a nurse's uniform, society women, mothers of families, teachers, and school-girls delight in taking "courses" of which there is an extraordinary number—courses of lectures from professors of medical science, of demonstrations in First Aid, in visiting dispensaries to "do dressings." The latter is the especial fad, and one can read pages of sentimental gush (some of it, one is surprised to see, written by the doctors) over the admirable devotion of the women who

thus desert their social engagements to attend the consultations and assist in the minor surgery of out-patient departments.

Diplomas are given for these courses, yet the ladies scorn to "clear up" after dressings (personal information given by the head of a hospital); they are embarrassed and pretend not to have heard when purgatives are mentioned (The Red Cross of France, Maxime du Camp, p. 118) and the pharmacy is the domain of young ladies whose age does not permit them to go into the wards. (Women and War. M. Leo Claretie, p. 8.)

The "Dames" have established a hospital of twenty-four beds near Paris for the purpose of teaching volunteers. It has a large out-patient department, and here more than three thousand seven hundred persons have taken "courses," of whom six hundred and fifty have received diplomas. The Association of "Dames" claims the ability to put thirty-six thousand nurses into action in time of war—all volunteers.

After the Boer War, when the society women were called by Dr. Treves, "a plague," Dr. Anna Hamilton of Bordeaux wrote to the International Committee of the Red Cross at Geneva, pointing out the difference between the work of these amateurs and that of the English nurses, and made this formal request:

That, upon the initiative of the International Committee, every central society (national) of the Red Cross should be called upon to state whether, in their countries, they possessed organizations analogous to the English Army Nursing Reserve Service; that is to say, associations of nurses of superior education who in times of peace are in daily and nightly charge of the sick, to the exclusion of all other nursing bodies, and who, in time of war, are entirely at the disposition of the military authorities.—(Bulletin International des Sociétés de la Croix-Rouge, 1901, p. 40.)

As yet, however, this request has not been acted upon, probably because of an unwillingness to offend the volunteer army.



THE COURSE IN HOSPITAL ECONOMICS AT TEACHERS' COLLEGE

BY M. ADELAIDE NUTTING

ON the twenty-fifth of September the Course in Hospital Economics at Teachers' College was opened for its ninth year of work. Thus attesting, we venture to think, the soundness and vitality of the ideas which brought it into existence. Those who are not familiar with these ideas should refer to the transactions of the American Society of Superintendents of Training Schools. At their fifth convention held in Toronto in 1897 a paper was presented by Mrs. Hunter Robb calling attention to the fact that superintendents of nurses were also teachers and heads of training schools and that as such they needed a special preparation for their work which could only be supplied in a place devoted to the training of teachers, and suggesting further that the desired uniformity in the work of training schools might perhaps be brought about when some uniform method of training our teachers could be provided. The formation of a committee with Mrs. Robb as chairman, her visits to the Dean of Teachers' College, her presentation to the society the following year of a detailed plan for an advanced course of study for nurses at the college, the prompt way in which the society pledged itself to support her plan, and the subsequent steps by which, within a year, a course for the training of teachers of nurses was established, and two students were actually in attendance, are matters of history, interesting and instructive, which may all be found in her records of the Society.

Though the number of students has never been large, the average not exceeding six yearly, and though means have been lacking for the proper development of the course in certain practical ways, yet the work as a whole has not only held its own, it has steadily gained ground. Miss Anna L. Alline, one of the two students of the first class to enter, was persuaded to remain in charge of the class, and so great was her interest that she stayed on for several years, giving the work her best thought and attention, only leaving it recently to take the very important appointment of inspector of nurse training schools in the State of New York, a post which we can hardly help feeling is almost a logical outcome of the educational work in which she has been engaged at the College.

Under her direction a two years' curriculum leading to a special diploma has been developed. A good field for practice teaching for the

students has been obtained in a training school near the College (the Laura Franklin School for Nurses), and other improvements have been effected which will be noted later. Her faithful, steady devotion to the interests of the students, and her loyalty to the Society of Nurses which she represented in the College, have never failed, but she has worked so quietly and unostentatiously, that few of us perhaps fully realize how much we owe her. For the coming year few changes are contemplated. A new series of lectures—a very practical one on Hospital laundries—has been added to the course, and will be given by Miss Clara D. Noyes, Superintendent of St. Luke's Hospital, New Bedford, Mass. Mr. Charles Butler, whose excellent course of lectures on Hospital Architecture was so much appreciated by the students last year, has undertaken to give a longer and fuller course this year, and to make it more practical by a series of carefully arranged visits to specially selected hospitals.

A plan is on foot to open these special courses of lectures to a limited number of outside students—graduate nurses who are interested in the various phases of institutional work which these lectures deal with—to those for instance who find the hospital laundry something of a problem—the very practical course of lectures which Miss Noyes will give should prove very useful. It is believed also that a good many would be glad of an opportunity to attend the lectures given by Mrs. Robb and others, whose wide experience in hospital and training-school matters enables them to speak with unquestionable authority on the various phases of nurses' training and of nurses' work.

The lecture courses are here outlined in the order in which it is expected that they will come during the year, but the exact dates will be set a little later. A small fee will be charged for admission to any one of the series.

In the absence of Miss Dock, whose lectures are scheduled to begin the year, the course will begin with Mr. Butler's lectures on Hospital Administration on October 25th.

History of Nursing and of Hospitals, Miss Lavinia L. Dock.

Hospital Planning, Charles Butler, B.A., A.D.G.

Working Essentials and Hospital Construction, Miss Annie W. Goodrich.

Hospital Administration, Miss Maud Banfield.

Hospital Laundries, Miss Clara D. Noyes.

Training-School Administration, Mrs. Isabel Hampton Robb.

Training-School Administration, Miss M. M. Riddle.

Applications should be made to Miss Nutting.

IN LOVING MEMORY
OF THE
MISSIONARY MARTYRS
OF LIEN-CHOU, CHINA

ELEANOR CHESNUT, M.D.

MRS. ELLA WOOD MACHLE
AND HER LITTLE DAUGHTER AMY

REV. JOHN ROGERS PEALE
MRS. REBECCA GILLESPIE PEALE

WHO FOR CHRIST'S SAKE SUFFERED CRUEL DEATH AT
LIEN-CHOU, CHINA, OCT. 28TH 1905.

"THEY LOVED NOT THEIR LIVES UNTO THE DEATH"
REV. 12: XI

"THEY CLIMBED THE STEEP ASCENT OF HEAVEN
THROUGH PERIL, TOIL AND PAIN:
O GOD, TO US MAY GRACE BE GIVEN
TO FOLLOW IN THEIR TRAIN."

NURSING IN MISSION STATIONS

Two years ago on November 1st, All Saints' Day, the news of the Lien Chow martyrdom reached this country. We are able now, through the courtesy of *Woman's Work*, a Presbyterian missionary magazine, to present a picture of the memorial tablet erected to the memory of these martyrs and placed last spring in the assembly room of the Presbyterian building, 156 Fifth Avenue, New York.

Eleanor Chesnut, whose name stands first on the tablet, was a nurse as well as a doctor; her life and death were so heroic that all nurses should cherish the memory of one who nobly represented their profession.

POSSIBILITIES OF COÖPERATION IN REGARD TO TRAINING OF EFFICIENT NURSES

Paper read by Mrs. (Dr.) Rowley at a meeting of the Central China Medical Missionary Association at Hankow, 1907.

"One of the things that struck me most when I first came to China, was the amount of time that it seemed quite necessary for missionaries to spend in nursing the sick ones among their own circle and outside it, and the great need for really trained help in times of illness. I am not a certificated nurse, and I therefore hardly feel that I am the best one to write on this subject, but I did have some nursing training before I began my medical work and this has been very valuable to me since. With the aid of this bit of training I soon began to try to get things in our hospital into something like ordinary hospital routine. The more I came into contact with the Chinese girls who worked in the hospital the more I could see no reason why they should not become really efficient nurses, and able to supply the need which seemed to me so real and urgent among foreigners as well as Chinese.

But there were many difficulties to contend with in getting the girls to fall into line with the discipline and rigorous life of training. First came the fact that other people among the Chinese had no respect for the calling of a nurse, but looked upon it as menial in the extreme, and the work quite beneath the dignity of a decently brought-up girl. The girls themselves would say, "What are we, we are nothing, we do not have education, we shall never be doctors," and to be a doctor seemed to be the only thing worth being in connection with medical work. If they went out with me to a well-to-do patient's house, the people treated

them like slaves, left them standing, brought them no tea and generally neglected them. This had to be remedied even at the risk of spoiling the girls. A skirt for outside use was provided, my tea was passed on to the nurse, and I did not sit till she also was asked to do so, and bye and bye it came to be understood.

In hospital by dint of regular teaching the most menial and objectionable parts of the work were found to have their interest and great importance. When inspection of excreta was found to be so vital a matter as to make it impossible to trust it in the hands of an ignorant "pópó" * a matter needing care and brains, and really connected with the patient's well-being, there was no more trouble getting the girls to do this kind of work.

Soon regular night-duty was established and regular off-duty times arranged for, and at other times the girls were found always in the wards and at their posts. Gradually a spirit of proper pride in their own work and their own hospital has sprung up; and there is no doubt that now the dignity and desirability of their profession is very much in their minds, and the girls are usually very eager to learn, do or see anything which will make them more efficient in their work.

Till quite recently there has been some difficulty in getting suitable girls for training, but latterly we have many girls with their names down a year or two in advance, anxious to come. Our requirements hitherto for girls wishing to enter the hospital have been simply that they must be not less than seventeen years of age and must be able to read and write. Gradually we have been able to get better educated girls. Hitherto the training we have required has been three years, the girls coming first for three months' probation before signing the three years' agreement. During these three years the girls receive just enough to clothe themselves, beginning at fifty cents a month for the trial time, then one dollar, one dollar and a half and two dollars a month for the three succeeding years. After three years they may stay on at a salary of six dollars, rising gradually to ten dollars a month in addition to food.

During their course, in order to receive a certificate, an examination in general nursing in two parts—written and practical—must be passed. It can be taken at the end of the first year. A separate certificate is given for midwifery and teaching in this subject, unlike that of nurses in the homeland, includes operative work. The present state of things in China seems to demand this. We have several times received

* Pópó—a term for an old woman who does menial work.

nurses for shorter training for other hospitals in which case all expenses are paid and a fee charged for teaching.

During the last year our nurses have brought in four hundred and fifty dollars, gold, for caring for cases outside the hospital, and have several times been called to wealthy Chinese homes.

The main object of this discussion is a practical one; viz., to devise means for coöperation in order to increase and improve our nursing staff in Central China. I should like to lay before you for discussion the whole question.

1. That examination both in nursing and midwifery should be conducted by a central examining board, on which shall be representatives from several missions, thus giving more than local value to the certificate. Certificates should in each case be given only at the end of the training and signed in addition to the examiner's signatures by the matron of the particular hospital to which the candidate belongs, as a guarantee of general satisfaction.

2. That a certain term of training should be agreed upon and selected for all hospitals sending candidates for these central examinations, so that any man or woman receiving the certificate may be known to have had a suitable amount of practical work in addition to the study and technical classes necessary for passing the examination.

3. That the examinations shall be held in the spring and autumn of each year and that candidates who fail may have another opportunity six months later. In the case of women who may have to be married and go away to distant places, this may mean a great deal.

4. That examination should be on fixed subjects, leaving the books used to the option of those who teach.

5. That pupils presenting themselves for examination in midwifery should be able to produce proof of having taken part in the conduct of at least twenty cases and of having had teaching on the phantom."

[The above article is a revelation. We think of China as a place where trained nursing is unknown, and we find that already some of our own most advanced problems are being considered there,—a uniform curriculum and a central examining board.]

Miss Maddock, of Wuhu, China, to whom this department has so far been indebted for most of its material, sends us a thin Chinese book, with large Chinese characters on the back cover, which is, of course, the front cover. The first title page is in Chinese, also, but the second is in English and reads *Manual of Nursing* compiled by the Central China Branch of the China Medical Missionary Association. Shanghai: Printed at the American Presbyterian Mission Press, 1905.

The table of contents, printed both in English and Chinese, indicates that the nine different chapters are prepared by nine physicians, that on obstetrics by a woman. The subjects treated are: Introduction; Elementary Anatomy and Physiology; Surgical Nursing (two chapters); General Nursing; Nursing in Medical Cases; Obstetrical Nursing; Nursing in Children's Diseases; Glossary.

The chapters are printed in Chinese, but the pages have English headings, from which one can follow the matters treated. It seems to be arranged in a very practical, helpful way. For instance, the chapters on surgical nursing begin, Importance of cleanliness, bacteria the cause of disease, media of infection, how to purify the air of the ward, care required for the nurses' clothes and hands, how to make the patient antiseptic, etc. The glossary gives the Chinese characters selected to represent the different medical terms used, for of course the medical phrases in common use here have no exact counterpart in the Chinese and characters must be invented or adapted for use.

From *The Nursing Times*: In an article entitled Among the Nazarines, Miss Johncock says: "All food and cooking had to be prepared in the room with the patients, who would lie with their nostrils plugged with raw onions or some green leaves with a very strong smell, to prevent them from smelling the cooking, which was considered very bad for a wound. * * *

"At times my thoughts turn longingly to the neat, clean, orderly wards at home, and I long to tread the polished floors and breathe the clean air once more; but the voice of a little child calls, begging a drink of water. I put the feeder, which its tiny hands grasp as they would a prize, to the parched lips, while for a few brief moments the burning thirst is quenched; then a little hand seeks mine in gratitude and kissing it, raises it to its head, and in a quaint, old-fashioned way prays that my days may be long in the land. My heart replies that if this be so they shall all be spent for those who so much need care and comfort in this land."



NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

INJURIOUS MASSAGE.—*The American Journal of Surgery* says: Nurses should be instructed not to massage the limbs of patients who complain of pain after operation or confinement, without the order of the attending surgeon. If phlebitis and thrombosis are present, the manipulation may loosen a clot and cause instant death.

ACIDIFICATION OF THE VISCERA AS A SYMPTOM OF DEATH.—*The Medical Record*, quoting from an Italian contemporary, says: Ascarelli Attilio draws our attention to the difficulty of ascertaining whether death has really taken place, which has been recognized in Germany by attaching to every cemetery a mortuary room in which every body is retained for a certain number of hours before burial, while attached to it are instruments of precision which will give warning of the slightest movement. The author has made an extended series of experiments on dogs to ascertain whether the acidification of the tissues of the body, which takes place soon after death, cannot be made use of as an exact demonstration of death. He gives it as his conclusion that this acidification does take place uniformly in the tissues, so that its occurrence may be regarded as an infallible sign of real death. It is the first symptom of death appearing in thirty-five minutes after the cessation of the heart beats. The removal by means of a trochar of a small portion of the splenic parenchyma and testing it will show the presence of acidity. Acidity appears first in the spleen, kidneys, heart, and liver. The cause of death makes certain variations in the phenomena, but the rapidity of death has no effect on acidification.

PLASTER-OF-PARIS DRESSINGS.—The following is from *The American Journal of Orthopedic Surgery*: Meisenbach says of the setting of plaster-of-Paris that chloride of sodium in small amounts hastens the set; in large amounts retards it; in any amounts it weakens the dressing

by decreasing the crushing force and tensile strength. Dextrin in small amounts strengthens the dressing by increasing both the crushing force and tensile strength, but it also lengthens the time of set in direct proportion to its use. If the time of set is no object, it may be used to good advantage in certain cases, as for instance in making a plaster bed for multiple tuberculous bone lesions. Starch in small amounts (that which is contained in starch sized bandage) adds to the strength by increasing the tensile strength. It does not interfere with the set of the bandage. Portland cement when used in the plaster-of-Paris bandage has the great advantage over chloride of sodium and dextrin in that it can be mixed with the plaster before the bandages are made and that it materially strengthens the bandage in all of its essentials, *i.e.*, increases the crushing force, tensile strength, and at the same time reduces the time of set and density. The density with it is less than the density of the pure plaster itself. The dressings made of the cement bandage are of a light sage color and are not as easily affected by perspiration. They are much stronger and lighter than the pure plaster dressings.

DANGER OF FIRE IN FORMALDEHYDE DISINFECTION.—In *The New York Medical Journal*, C. H. LaWall calls attention to the dangers attending the modern method of disinfection by the formalin-permanganate plan, stating that on several occasions the mixture has been known to take fire spontaneously. In the formalin-permanganate method it has been customary to use two parts of formalin to one part of permanganate, adding the latter to the former and quickly leaving the room before the violent evolution of gas which shortly takes place has time to affect the operator. Working with quantities in some cases as high as one pound of permanganate, the amount of heat developed must be very great, and if there are any uncertain factors present, such as organic matter in the container which has been imperfectly cleaned, the danger of possible ignition is that much greater. The flame which has appeared on these occasions of combustion has been of a pale blue appearance, reaching several feet in the air from the container. The gas may be ignited from a 40 per cent. solution of formaldehyde by simply heating it and applying a match to the surface after ebullition has begun, and when the formalin-permanganate disinfection proportions are used in as small a quantity as one ounce of formalin and one-half ounce of permanganate, using a beaker for a generator, the flame of the ignited gas has been observed to have a length of more than one foot. In view, therefore, of the uncertainty regarding the cause of the

ignition of the vapor in these observed cases and in recognition of the hitherto overlooked fact that formaldehyde vapor is very inflammable, it would be well to practice this method of disinfection with the precautionary measures of using small quantities of the ingredients (not over one-quarter or one-half pound of permanganate to a charge) in several containers, surrounding these containers with larger ones containing water, being careful to extinguish all gas jets, pilot lights, fire, and other possible causes of ignition, and keep the generators away from the sides of the room where a flame might be communicated to inflammable material. It is not believed by the writer that this method of disinfection need necessarily be abandoned, but it is essential that its limitations and dangers be not overlooked in its future use.

THE DECOMPOSITION OF CHLOROFORM.—*The Medical Record* says: An ingenious device for automatically indicating decomposition occurring in chloroform intended for use as an anæsthetic has been suggested by Breteau and Woog. It consists in making use of the indicator congo red for determining the development in the chloroform of even the minutest traces of hydrochloric acid. In order to do this conveniently a small disc of elder pith stained with a solution of congo red in absolute alcohol is placed in each bottle containing the chloroform. Normally the stained disc retains its color indefinitely, but if, as the result of the action of air, light, moisture, etc., decomposition begins, hydrochloric acid is set free and the indicator changes from red to blue. The chloroform then should be either discarded for internal use or be repurified. The *Lancet* states that it has tested this method and has found it extremely delicate.

TREATMENT OF STYES.—*The American Journal of Surgery* says: A sty is often most easily treated by the removal of the hair in the infected follicle and the subsequent application of iced boracic acid compresses.

VALUE OF INCUBATORS.—*The Annals of Gynecology and Pediatrics* says: Miss Minnie Goodnow, directress of nurses, Milwaukee County Hospital Training School for Nurses, Wauwatosa, Wis., says that "De Lee, who speaks from a wide experience, looks upon the incubator as an essential factor in the care of premature children. Holt and Edgar,

equally good authorities, are skeptical as to its value. Tarnier, who was one of the first to use it, publishes statistics which prove conclusively its efficiency.

The chief criticisms are that the ventilation is uncertain, and that there is danger of infection being carried from one occupant to the next. These are just criticisms and should be kept in mind by those who have the care of these cases, though they may be entirely obviated by careful attention. It is, however, an open question whether any incubator supplies a sufficient quantity of fresh air to its occupant."

THE DIURETIC EFFECTS OF COLD APPLICATIONS TO THE SKIN.—*The New York Medical Journal*, quoting from French contemporaries, says: Dubois and Butruille call attention to the diuretic effect of cold baths in febrile conditions, and to the results of experiments made by Lambert, of Nancy, upon young persons in full health, who found that in normal individuals the cold baths, more or less prolonged, also caused considerable augmentation of urine. These authorities determined the fact that applications of the ice bag to the abdomen or thorax, for periods of five or ten minutes, produced, in fourteen cases out of seventeen experimented upon, a very marked increase in the quantity of urine secreted during the time the ice was applied. This was determined by fixing a catheter in the bladder, and collecting the urine every five or ten minutes. It was also noticed that a greater secretion amounting to diuresis took place after the application of the ice. This phenomenon was always observed. These observations were repeated and always gave the same results. These results confirm those which the physiologists had already obtained in man; but as they were conducted with all the precision of a positive experiment, they are much more demonstrative.



IN one of the summer numbers of the *Outlook* was a very good and amusing story in which a trained nurse is introduced who is described as the Ice-maiden. While we smile, there is a lesson beneath the phrase which we should not miss.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE PRIVATE NURSING SCHOOLS OF PARIS

THE private schools for nurses in Paris have undoubtedly exerted some influence upon the general administration of the public hospitals, even though this influence has not, as yet, declared itself by any direct alliance.

But these schools have given the public hospitals an object lesson of great value in showing the right method for securing applicants of a refined and educated class and the right way to take care of them and direct them. Charming and comfortable homes of refined simplicity, a separate bedroom for each pupil, class-rooms, diet-kitchens arranged for teaching, well-kept dining-rooms and a carefully arranged daily program of discipline and order under women heads—these were the novelties offered to the attention of the directors of public hospitals, where not a single nurses' home existed and no woman superintendent was to be found,—and when, in 1904, I first saw the *rue Amyot* school and learned that the director of the *Assistance publique* had shown an interest in it, I felt sure that great good must arise from it. For there is nothing like seeing. One object lesson is worth miles of talk, and this school showed a group of intelligent and well-bred young women who desired to become nurses without being members of a religious order—a combination which many people in France and Italy regard as an impossibility.

The *rue Amyot* school, founded in 1900 and opened on February 15th of that year, was the first attempt made in France to introduce what was called in England, in the early days of reform, the “lady-nurse,” for, as we shall see, the first Bordeaux school was opened a year later.*

This pioneer private school of Paris owed its inception to Mlle. Allégret, the principal of a girls' high school, who keenly desired to see

* An error in recent articles of this Department is to be corrected. Dr. Hamilton wrote her Thesis in 1900 and opened her school in 1901.

new avenues of skilled occupation opened to young women, who were then chiefly restricted to the overcrowded profession of teaching. She believed that nursing offered an alternative of great possibilities, and succeeded in interesting a large group of progressive and intellectual persons, among whom, as the list of Foundation Members shows, are many prominent educators. From the beginning Mme. Alphen-Salvador has been the devoted president, as she was also one of the first and most enthusiastic founders.

However, as to practical training in nursing, this little plant of high ideals and of careful theoretical teaching has had only the scantiest resources. A tiny surgical home and a wee hospital of eight medical beds, a small out-patient department for adults and a service for nurslings with milk distribution, have been of course all inadequate to teach more than the rudiments of nursing. Yet, so far behind-hand is nursing in general in France, that even this represented an advance step in which great difficulties had been overcome. It is to be regarded, then, only as a beginning, and not judged as a completed thing. Its development is all before it, but it is not unjust to point out one radical defect which, if not altered, will greatly interfere with that development. This is, that the school has never been directed by a nurse. Its head has always been a teacher. Now, it would be admittedly absurd to put a nurse at the head of a normal school. But it is equally absurd to place a teacher at the head of a school for nurses. This weakness in organization has no doubt come from the generally very hazy idea of what nursing really is that one finds among the most intelligent people, and so also it happens that the *rue Amyot* has made the great mistake in its teaching of sending its pupils into the wards of the general hospitals in the mornings *to look on*, and only to look on. Nothing, of course, more futile can be imagined, and a nurse in charge of the school would probably have persuaded the managers of this. Dr. Rist, the physician most closely connected with the school, who has excellent practical views, knows how unsound such hospital experience is, and in his last report he spoke very definitely in criticism, saying that the pupils will never learn nursing in that way, though they are likely to get an undesirable smattering of medicine. One learns further, from his report, the very interesting fact that the pupils themselves have become dissatisfied with this method, and have expressed openly to the managers a wish for more thorough experience.*

But why does Dr. Rist then say that "*The Paris hospitals are not made for the training of Nurses?*" What, these magnificent hospitals

* Eighth annual report, page 22.

with their thousands of patients of every class, could there be more perfect training grounds for nurses? And they are crying to heaven for a reformed system of nursing.

But the difficulties in the way were intimated by M. Mésureur, when in his address to the school* he allowed it to be understood that he would gladly see the school take the entire charge of a set of wards, but that this could only be with the consent of the chiefs of staff.

The second private nursing school, that of *rue Vercingétorix*, founded in 1904 by Mme. Taine, actually owes its development entirely to the great ability and energy of Mlle. Chapel. Situated in a fascinating old convent of ample buildings and large gardens, with a group of enthusiastic and charming pupils, this school has all the attractive features of the first and has surpassed it in practical work. For these pupils are sent into the general hospitals for a part of each day, not to walk about, but *to work* under the direction of the head-nurses. Each pupil has forty hours a week of ward work in this way during the whole of her two years' course, and Mlle. Chaptal has selected the hospitals so as to give a general service: thus medical, surgical, contagious, etc., etc. As will be seen in her report, their course includes work in some eight or nine different hospitals, which is supervised by the assistant superintendent of their own school (Mlle. Chaptal's assistant), who inspects their work in much the same way that a district nursing superintendent oversees the work of her nurses.

Of course in this plan, also, one sees, not a finished product, but a beginning, and must judge accordingly. The immediate criticisms to be made are, obviously, that pupils thus taught cannot learn *ward management*, nor really learn to bear responsibility. Then, too, and of more far-reaching importance, this system does not regenerate the hospitals. Nevertheless, this beginning is full of promise. St. John's House in England began in this way in 1848, and ended by having full charge of the nursing in a number of hospitals.

Mlle. Chaptal has had some hospital experience. She has spent much time in working in the wards near her own summer home, and has taken the course of instruction established by Dr. Bourneville in the municipal schools of the Paris hospitals. In connection with this, she had some work in the wards of Paris, though not what we would call a regular training. All of this (originally taken to enrich a long-established and important share in the anti-tuberculosis campaign), has been most useful in guiding her naturally keen and organizing genius in the building and planning of this school, the future of which, we may feel sure, has

*Eighth annual report, page 30.

been carefully thought out. There is room in France for many training schools and many qualified nurses, so that these two in Paris need never feel like rivals except in the sense of noble emulation. Their many warm friends and sympathizers among the foreign delegations hope to see each one attached soon to a general hospital, for growth will then start up rapidly. A training school for nurses cannot really flourish until it has a hospital, for it can only express itself in work, and this work lies out of its reach so long as hospitals are cut off from it. Mlle. Chaptal, who must certainly be counted as one of the most useful citizens of Paris, has originated and is chiefly responsible for a number of socio-sanitary reforms of which we are glad to find a general outline in the *Bulletin Professionnel* for August, as follows: As president of a society for combatting tuberculosis among adults, she has established three anti-tuberculosis dispensaries in different quarters of the city, and an idea of the immense services rendered by these dispensaries may be gained by the difference in the death rate in these quarters. For instance in one, Plaisance, before the dispensary was established, the mortality from tuberculosis was 91 to 10,000; since then it has fallen as low as 49 to 10,000. In connection with these dispensaries (which are run on lines like ours, with distribution of eggs, meat, milk, tonics; and supervision of homes, with disinfection in case of death, instruction in means of daily disinfection, and the giving out of sputum-cups), a laundry has been established where the linen of tubercular patients may be carried in special sacks designed for the purpose, sterilized and laundered. Further, in the work of prophylaxis, Mlle. Chaptal founded another society to build sanitary homes for working men's families, for there, too, it was found how terribly responsible for a high death rate insanitary dwellings are. The first one of the model tenements erected by this building society is in the rue Guilleminot, and contains suites for fourteen families, all with not less than four children. A second model building will soon be put up, followed by others. Next comes a service to the wives and mothers of working men, comprising: a free out-patient consulting service for gynecological and obstetrical cases; attendance provided in the homes for lying-in women who for family reasons cannot go to a hospital; dispensary twice a week for nurslings and sick children, with distribution of milk, whenever needed, to the mother, to enable her to nurse her child. If she is physically unable to nourish it, the dispensary assumes the responsibility of supplying nourishment for the babe during its first year. Medical treatment is provided up to the age of three years.

In connection with this work a service of providing work at home

for nursing mothers who are obliged to earn, has been started by Mlle. Chaptal's untiring energy. In such cases the mother is enabled to nurse her infant which she would otherwise be compelled to wean.

The result of this work among mothers and children has been to lower infantile mortality in the quarter, from 14.1 per cent. to 6.9 per cent. Nor have the fathers been forgotten, for this wonderful woman has organized a Society for Mutual Aid, which is a branch of the Anti-Alcoholic League; and a coöperative association to encourage the sale of "soft drinks" and this association opens a coöperative shop this autumn.

When one sums up these various activities and adds to them the promising young school for nurses on the rue Vercingétorix, and realizes that besides being the inspiration and moving force of them all, Mlle. Chaptal raises most of the money to support them, there is no wonder that the Academy of Moral and Political Science lately conferred upon her its highest gift, a prize of \$3000.00, given in recognition of the most valuable public services, and which only two or three other women have received.

Mlle. Chaptal will attend the next International Congress of Tuberculosis in Washington, when her American friends will have an opportunity of returning some of her many kindnesses to them in Paris.

A HOSPITAL IN MONTENEGRO

WHILE in Cettinje, we visited the only hospital in Montenegro. it is called "The Hospital Danélo I," and is an old fashioned building, situated in the midst of a pretty garden, on the edge of the town. While waiting for the physician in charge to show us through the hospital, we sat in the room used as the Dispensary, and several patients came in for treatment one of them a prisoner with chain and ball on his leg. A young peasant woman, in cotton gown, a handkerchief over her head, acted as nurse, and though she was uneducated and had never been in a regular nurses' training school she used the greatest precaution in cleansing her hands before and after every treatment. Finally the house physician, Dr. M., appeared, and conducted us through the building. It is, as I said, very old, and not at all adequate to the demands made upon it; it is absolutely plain, has few if any modern conveniences, but every corner is immaculately clean. Dr. M. explained that he is a graduate from Heidelberg University, that although he has to work under great difficulties

his results are most satisfactory. The work is largely surgical and he has to act in the capacity of surgeon, superintendent of hospital, and for the serious cases, he is nurse as well. He showed us his room, situated on the ground floor, near the operating room, and opening from it a room with two beds, both of which were occupied by cases newly operated upon. He said he always places the serious cases in the room adjoining his, so as to be able to watch them carefully at night as well as by day, until the crisis is passed. His work is very hard and only occasionally, when it is particularly heavy, does he secure the assistance of another physician. We had noted his colleague busy taking temperatures, clad in the native costume, over which he wore the white surgical gown. Dr. M.'s salary is insignificant, but his work is very interesting, and some day he hopes to go to America, to work among his countrymen who have emigrated there. He has introduced into this little place among the mountains of Montenegro, methods of cleanliness and care, that we did not see in the larger places of Spain. It seemed to us that he has had far greater difficulties to surmount, for there is no railroad in all of Montenegro, the only means of travel there being by carriage road over the mountains, hence there is less contact with the progress of civilization in Western Europe. Yet Dr. M. single handed is securing better results than the doctors in the two hospitals that we had visited in Granada and Seville.

REBECCA SHATZ, R. N.,
Interlaken.



IN the August number of the *News Letter*, an article appears by Dr. Richard C. Cabot "On Foregrounds and Backgrounds in Work for the Sick," which is most interesting and helpful. It is a pity every nurse might not have the benefit of reading it. It is hard to select any one paragraph which is more valuable than another, but this illustrates well the spirit of the whole article:

To be blind to the humor of the moment or to the pathos and the tragedy of the moment, to meet them all with the same engaging smile or the same business-like firmness—oh, it is a performance fit only for lay figures on wheels! God grant we may act to-morrow a little less like stuffed images! No wise thought of the future, no deep scientific ardor for the truth to be learned from these sufferers, no preoccupation with the wider interests of the community, can justify our blindness to the here and now.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I noticed in this morning's paper a wail from the normal school for want of applicants,—verily prosperity has also its problems. The reason those in authority advanced was “too much prosperity.” I would also add the smaller families; the “quiverful” has become a thing of the past. I knew families of six to eight and even ten girls in my childhood, imagine!

M. T. F.

A TYPHOID TUB

A country call—who will take it? It will be hard, yes, but then you know most country calls have their compensations as well.

You may find that the people are either wealthy or well to do planters, then there will usually be sufficient to do with; it may be that there is plenty of money but no idea how to spend it for making the surroundings comfortable; and again the family may be in straightened circumstances yet anxious that no expense shall be spared to bring the dear one back to life. Shall I take it? Yes.

Sure enough the people were found to be in fairly comfortable circumstances and willing to obtain anything possible for the needs or comfort of the little patient—a girl of about twelve.

It was a case of typhoid fever. The doctor prescribed baths and left it to the discretion of the nurse if they were to be tub or sponge.

Sponge baths did not have as pleasing an effect as desired. The father said, “I will buy a tub.” Forthwith he went to the nearby town and brought back a porcelain tub, bathroom size. The poor man had done his best but it was utterly impracticable, so putting my wits together and calling to my aid an old negro about the place, an adequate tub was devised, first two saw horses and then, uniting them with scantling at the ends and of the required length along the sides, the frame was made. Next, a piece of heavy coffee-sacking was nailed along the sides and at one end. This was lined with rubber sheeting leaving both sacking and sheeting free at one end so that they could

be wrapped about the scantling during the bath to hold the water in and let down afterward to empty the tub. The device was quite adequate, the tub baths were more effectual and better borne than the sponges, and all parties were happy and well pleased. The compensations in the way of gratitude and goodwill were all that could be desired.

It may be that the suggestion may be of use to some other nurse doing country nursing.

KATHERINE DENT.

DEAR EDITOR: Would it be possible to have something in regard to open registries in the JOURNAL? We started a registry in this city last spring but were obliged to confine it to our own graduates in order to placate those who did not or would not see the necessity for any registry and would have none at all if it were not an open one. Those who wish to keep out the outsiders are almost all Canadian nurses, recently graduated. The older graduates, also Canadians, with one or two exceptions, want an open registry and hope to be able to obtain one.

R.

DEAR EDITOR: I did not deem it necessary to correct the statements made by Miss Wyche or Miss Cabaniss on "Conditions in the South" as there seemed nothing definite in their assertions, at least I supposed their remarks pertained to their section of the South, Virginia and Maryland, but when my next door neighbor from Mississippi attempts to correct them, I am compelled to sit up and take notice.

The first school for nurses ever chartered south of the Mason and Dixon line, was granted by the state of Tennessee, October, 1887, and is known as the Memphis Training School for Nurses. The first Superintendent of this school was Miss Winifred Hatch, a graduate of Miss Hampton's from the Illinois Training School.

It may be possible that the New Orleans school ranks second, but I am under the impression that Galveston, Texas, might claim this honor. The first superintendent of the John Seely Hospital, of Galveston, was a Miss Fick, a graduate of Mount Sinai Hospital, of New York.

Excluding a couple or more years in the Army Nurse Corps I have been actively engaged in the practice of my profession since 1889 and associated with a firm of physicians and surgeons who are well known, Drs. R. B. and J. M. Maury. I am, therefore, in a position to know something about conditions in this section of the country, and I am grieved to think that I have missed that harvest Miss Bushey alludes

to, which is ready to be gathered. I receive many visits from strange nurses from all over the country, especially in the fall and spring, and extend to each worthy nurse a hearty welcome. While I keep on my desk a register for these nurses, they will testify to my misfortune in missing this harvest for them, and I will gladly answer any nurse who wishes to investigate.

An institution in the south consisting of twenty-five or thirty beds is considered a fair sized hospital and I advocate an organized training school in connection, for I know some of our best and most successful nurses are graduates from such schools, but I am opposed to every cross-road attempting to run a training school where even the head nurse occupies the position in name only. They call these wonderful places private hospitals, and the wonderful cutting, surgery; but the most wonderful of all are the two or three pupils whom they call the training school, Heaven forbid such conditions.

We have about the same difficulty in securing competent nurses for institutions of standing as in the east or west. When the institution can pay the price, it gets what it wants.

There is one remedy I trust Jackson, Vicksburg, Meridian, Greenville and Natchez, Mississippi will avail themselves of, and that is to see to their school charters and that all diplomas are signed properly, not merely a certificate. Organization conditions can be remedied here if each will give a little energy and time; it is a duty our profession demands; it is a debt we owe and the woman who shirks it, is not worthy the honored name of nurse.

LENA W. WARNER,
Corresponding Secretary Graduate Nurses' Association,
No. 714 Memphis Trust Building,
Memphis, Tennessee.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS.

THE second annual meeting of the Graduate Nurses' Association of West Virginia will be held early in November in the parlors of the Hotel McLure, Wheeling, West Virginia. An interesting program is being arranged by the committee and a large attendance from all parts of the state is hoped for.

MINNESOTA STATE BOARD.

The Minnesota State Board of Examiners of Nurses will hold the first examinations at the City and County Hospital, St. Paul, Minnesota, Friday, December, 6th, 1907, at nine a. m.

Information regarding examinations and requirements for registration may be obtained by application to Helen M. Wadsworth Secretary, St. Luke's Hospital, St. Paul, Minnesota.

STATE MEETINGS.

NEW JERSEY.—A special meeting of the New Jersey State Nurses' Association was held in the free public library, Newark, N. J., to give the nurses a further opportunity of reconsidering the provisions of the amended registration bill which failed to become a law during the last session of the legislature. Owing to the nearness of the close of the official year, the discussion took the form of recommendations on sections that were considered faulty or inexpedient to be handed on to the future executive board, to be looked upon as an expression of opinion from this section of the state.

An amendment to the by-laws was presented which read: "That there shall be two regular meetings of the association, in place of one now held, and that the annual meeting shall take place in the spring to conform with the practice of the other clubs in New Jersey, and that the other shall be as heretofore the first Tuesday in December." The revision of the by-law will be brought up at the annual meeting in Orange. About fifty members were present.

PUEBLO, COL.—The Colorado State Trained Nurses' Association held its October meeting at the Minnequa Club on October 10th. The session was opened by the president, Miss Beecroft, superintendent of nurses, Minnequa Hospital, at noon. The Reverend Mr. Smith offered prayer, after which the association was welcomed to Pueblo by Mr. Marritt, who is connected with the Sociological Department of the C. F. and I. Company. Miss Davenport, superintendent of nurses, Longmont Hospital, Longmont, responded for the visiting nurses. Mrs.

Kellogg sang two selections and Dr. R. W. Corwin, chief surgeon for the C. F. and I. Company, read a paper on Nursing Ethics. Lunch was then served in the club house dining room, following which was a short afternoon session, at which a paper on Massage, written by Dr. Ida Herr, of the Boulder, Colorado, Sanitarium, was read by Miss Ham, followed by the report of the Associated Alumnae convention held last May. Miss Beecroft, who was the association's delegate at the Colorado Federation of Women's Clubs, then gave a report of the proceedings of the club's convention, which was held in Pueblo during the first part of October. Those who cared for rowing were given the opportunity on Minnequa Lake, and all were conducted by Dr. Corwin through the Minnequa Hospital, which is one of the finest in the country. In the evening a reception was given at the residence of Dr. Corwin. The hospitality of Dr. Corwin and the Pueblo nurses was greatly appreciated by the visitors.

VIRGINIA.—The opening session of the seventh annual meeting of the Graduate Nurses' Association of Virginia was held in the auditorium of the Young Men's Christian Association, Staunton, Va., on October 1, at eight-thirty P.M., and the exercises were opened by prayer by the Rev. Dr. Fraser, of the Baptist Church. An address of welcome was made by Hon. W. H. Landis, Mayor of the city, and in the absence of both the president, Miss Brydon, and the honorary president, Miss Cabaniss, the treasurer, Miss Besley, of the University Hospital, Charlottesville, made a very happy response. These addresses were followed by a practical and deeply interesting paper on Tuberculosis Work by Miss Ellen LaMotte, of the District Nurse Corps of Baltimore, Md., and the report of Miss Nannie J. Minor, of the Nurses' Settlement, Richmond, Va., who is chairman of the anti-tuberculosis work for the state. These papers called forth animated discussion from citizens and physicians on the need of anti-tuberculosis work in Staunton and elsewhere in Virginia.

The business sessions were held in the hall of the Elks Lodge on Wednesday morning and afternoon, and Thursday morning, the first vice-president, Miss Ruth Robertson, presiding. Miss Anne Gulley, of the Nurses' Settlement, Richmond, read an admirable paper on District Nursing, and Miss Ruth Robertson, superintendent of St. Luke's Hospital, Richmond, gave one full of practical suggestion on The Responsibility of the Superintendent to the Pupils of Her Training School. Miss A. F. Pattee, of Mt. Vernon, N. Y., the well-known dietician and publisher, read a paper on The Importance of and Necessity for the Study of Dietetics by a Trained Nurse. The closing paper was a Plea for the Endowment Fund for the Chair of Hospital Economics in Columbia University, New York City, by Miss Cabaniss, chairman of this fund for Virginia. These papers were followed by harmonious and interesting discussions of the subjects of such vital importance to the nursing profession. The most important business transacted was the decision to increase the salary of the graduate nurse in Virginia from twenty-one dollars per week to twenty-five dollars, and to thirty dollars for contagious diseases. This resolution was passed unanimously and takes effect at once.

The officers for the following year are: Honorary president, Miss S. H. Cabaniss, Richmond; president, Miss Louise Powell, The Baldwin School, Bryn Mawr, Penna.; first vice-president, Miss Elizabeth Moreman, Lynchburg; second vice-president, Miss Daisy Moore, Staunton; third vice-president, Miss Woodward, Danville; treasurer, Miss Ruth I. Tobertson, superintendent St. Luke's Hospital,

Richmond; secretary, Miss Elisabeth R. P. Cocke, Box 22, Bon Air, Va. The next annual meeting is to be held in Danville, Va., at a date to be decided later.

REGULAR MEETINGS.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association of Minneapolis held its first meeting of the new year October 9th, at the residence of Dr. Marion A. Mead, on Third Avenue A, with the president, Miss Edith P. Rommel, in the chair and fifty-two nurses present.

The hour following the business meeting was filled by Dr. J. P. Sedgwick, who gave a very interesting lecture on The Feeding of Infants. Records of cases cared for at Dr. Sedgwick's Infant Hospital were reviewed and practical demonstrations, given the nurses with babes brought from the hospital, made the lecture of great value.

BOULDER, COL.—The Boulder County Nurses' Association has begun the collection of books to form a nurses' library. Space has been obtained for these books in the public library, and only members of the association are entitled to use this collection.

BROOKLYN, N. Y.—The semi-annual meeting of the Graduate Nurses' Association, County of Kings, was held on October 4th, at the Kings County medical building. The second vice-president, Miss K. Fanning, presided. The corresponding secretary, Mrs. Tarbell, took the place of the secretary, Miss McCarthy. The most important matter for consideration was the report of the committee on best means of nursing among the middle classes of the city. The committee's report showed much thought and consideration in the preparation. After some discussion it was decided to lay the report over until the next meeting for consideration. The committee on nominations for officers for the coming year was chosen.

NEW HAVEN, CONN.—At a well attended meeting of the graduate nurses in this city, held October 1st, it was decided by a unanimous vote to increase the charge to twenty-five dollars per week for general practice, including typhoid, and thirty dollars for contagious cases; the above charge to include all expenses for city cases. This change will take effect November 1st.

NEW YORK, N. Y.—Graduates of the Sydenham Hospital, East 116th Street, have formed an *alumnæ* association consisting of fifteen members. Meetings are held the first Monday of each month.

NEW YORK, N. Y.—The *Alumnæ* Association of the Roosevelt Hospital Training School announces that the sum of five thousand dollars has been given by Mrs. Charles S. Cook to endow a bed at the hospital for the use of its

graduates. By the courtesy of the trustees of the hospital this when required may be one in the private patient's pavillion.

A fair will be held at the hospital on December 5th and 6th, the proceeds of which are to be used to increase the benefit fund for sick nurses. A table of hospital and nurses' supplies will be a special feature.

PITTSBURG, PA.—The regular monthly meeting of the Allegheny County Society of Graduate Nurses was held at McCreery's September 19. Miss Nannie Gallagher Barclay, social private secretary at McCreery's, addressed the society. Her subject was "Women's Clubs," of which there are two hundred in the Pennsylvania State Federation, as well as innumerable unfederated clubs in the state. She said that every woman should belong to at least one club and that whatever fad or purpose a woman may cherish she can find kindred spirits in at least one of the woman's clubs of today.

The new constitutions were distributed and all who were present became members. Since then many nurses who were unable to attend the meeting have become members also. It is hoped that there will be at least fifty chartered members by the next meeting. Final plans were discussed for the meeting of the State Nurses' Society in Pittsburg. The next meeting of the society will be deferred till the third Thursday in November owing to the convention.

The officers of the Allegheny County Society are: President, Miss Elizabeth Reid; first vice-president, Miss Williamina Duncan; second vice-president, Miss Helen Hendrickson; secretary, Miss Nora B. O'Sullivan; treasurer, Mr. William McNaughton.

MINNEAPOLIS, MINN.—The superintendents from ten of the training schools for nurses in the Twin Cities, including two members of the state board of examiners, met with Miss Erdmann, superintendent of nurses, Minneapolis City Hospital, Friday, Sept. 13th. It was the first time they had met, and two very profitable as well as enjoyable hours were spent in discussing plans for the training of the nurse the coming winter. Affiliation of schools was also considered.

It was decided to meet informally once a month at different institutions and talk over problems concerning the progress of the nursing profession. Light refreshments were served before adjournment. The next meeting will be at St. Luke's Hospital, St. Paul, with Miss Reyburn. Each is to bring an outline of both lecture and class-work as given at her school, from which a uniform course is to be the outcome. This is the first step taken towards affiliation of training schools.

MONTREAL, CANADA.—At the first annual meeting of the Canadian Society of Superintendents of Training Schools for Nurses, held in Montreal, September 11 and 12, Miss Snively was reëlected president. Miss Henderson, of the Royal Victoria Hospital, was added to the council. The society unanimously volunteered to serve as militia nurses in time of war. About twenty-one members were added. The next meeting will be held in Ottawa, in 1908.

NEWARK, N. J.—The alumnae association of the Newark City Hospital held its regular business meeting on September 17. In the absence of the president, Miss O'Hara presided. Eleven members were present, and four new members were received. The report of the visiting committee showed that all members who had been ill had been visited and flowers had been sent them. The graduate nurses' club gave the alumnae the privilege of using the parlors for whist or afternoon tea at any time during the winter.

PATERSON, N. J.—The regular meeting of the alumnae association of the Paterson General Hospital was held on October 1, with a good attendance. An interesting business meeting was followed by a social hour.

TOLEDO, OHIO.—The Toledo Graduate Nurses' Association held its regular monthly meeting September 24, at Zenobia Hall, Miss Mapes presiding. The time was principally devoted to business and discussion. Owing to an extended absence abroad of Miss Walker, the secretary, Miss Urban, of the district nursing staff, was elected to fill the position. Miss Mapes urged all members who could possibly do so to attend the state convention at Cincinnati in October. A program for the year was voted upon and adopted. The topic for October is, "The Duty a Nurse Owes to Herself." Paper by Mrs. Carnahan.

NEWPORT, R. I.—The Newport, R. I., Hospital Alumnae Association held a fair at the Hospital on September 28 for the benefit of the Registry and Sick Fund. As a result the sum of three hundred and twenty-five dollars was added to the treasury.

PERSONALS.

MISS MARY McKECHNIE, late superintendent of the Orange Memorial Hospital, will take up the work of tuberculosis nurse in the Oranges during the coming winter.

MISS L. M. FOWLER, superintendent of nurses at the City and County Hospital, Denver, resumed her duties on November 1st, after a much needed vacation of two months.

MISS I. M. BROWN, Toronto General Hospital, class of 1904, has been appointed superintendent of the Royal Jubilee Hospital, Kenora, Ontario. Miss Margaret Kerr, class of 1904, has returned to Toronto after five months' absence abroad.

MISS RUTH LENTZ, who has been the assistant superintendent at Bethesda Hospital, Zanesville, Ohio, has resigned to accept the position of night superintendent at Maywood Hospital, Sedalia, Mo. She is a graduate of York Hospital, York, Pa.

MISS THERESA ERICKSON recently addressed the girls' league of the mission church at Millbrae, California, on the subject, "Children of Many Lands." Miss

Erickson's experiences as an army nurse in China, Japan, and the Philippines gave her much interesting material for her talk.

MISS MARY BURKE, class of 1904, St. Mary's Hospital, Detroit, has accepted a position in the Northern Pacific Hospital, Tacoma, Wash. Miss Teresa Martin, of the same hospital, has just returned from a trip abroad, where she was sent by the government to accompany an immigrant patient to her native land. Miss Martin visited hospitals in Berlin, London, and Paris.

Owing to ill health Miss Nellie Rice has resigned her position as head nurse at Sunlight Sanitarium, Lincoln, Neb., and Miss Anna L. Collins has been selected to take her place. Miss Rice is a graduate of the Illinois Training School, Chicago, while Miss Collins has just completed a year and a half of service in the New York Hospital for the Ruptured and Crippled.

The following changes have been made at the University of Michigan Hospital, at Ann Arbor, Michigan: Miss May Williams, formerly night supervisor, resigned to take charge of the maternity cottage and is succeeded by Miss Minnie Mead, class of 1902. Miss Cecil Schreyer, operating room nurse, has accepted the position of assistant superintendent of the City Hospital at Jackson, Michigan. Miss Mabel Young will take her place.

MISS ANN CROWLEY, class of 1907, Mercy Hospital, Chicago, Illinois, has taken a position with the Visiting Nurse Association. Miss Myrtle Parsons has gone abroad to remain a year. Miss Zita Revelle, class of 1903, who has been superintendent of nurses at St. Joseph's Hospital, Hot Springs, Arkansas, has resigned her position on account of illness. She is succeeded by Mrs. Margaret Hutt, class of 1906. Miss Irene Kelley, class of 1904, has accepted a position as superintendent of nurses at the Palmer Memorial Hospital, Janesville, Wisconsin. Miss Glendora Blakeley and Miss Josephine Studebaker, class of 1904, have accepted positions as head nurses in the Latter Day Saints' Hospital, Salt Lake City, Utah.

MISS BEULAH SMITH, a graduate of this fall's class of the Presbyterian Hospital, Chicago, has received the appointment of superintendent of nurses at the Kankakee Insane Hospital. Miss Smith was one of the nurses who took the training in the Elgin Asylum in her senior year. MISS THEODORA TOWNSEND, class 1907, has accepted the position of assistant superintendent of nurses of the Rest Hospital, Minneapolis, starting her duties there September 15. MISS CAROLINE E. MARTIN, class of 1906, who for over a year held a head nurseship in the Presbyterian Hospital, on September 1 took charge of the Knowlton Hospital, Milwaukee, Wis. MRS. HULDA MCARTHUR, a member of this fall's class, has been offered the position of superintendent of nurses of the Elgin State Hospital. Mrs. McArthur has just completed her course of training in that institution

BIRTHS.

A SON to Mrs. Harry Fulford, formerly Miss Louise Curry, Mercy Hospital, Chicago.

A DAUGHTER to Mrs. Arthur Kleutgen, formerly Miss Mildred King, Mercy Hospital, Chicago.

At Dauphin, Manitoba, August 16th, a son to Mrs. John McCollum, a graduate of the Toronto General Hospital.

In Evanston, Ill., a daughter to Mrs. John Wineberg, formerly Miss Helen Rhoades, class of 1906, Mercy Hospital, Chicago.

In Mexico, in August, a daughter was born to Mrs. Harvey H. Lord, formerly Miss Julia P. Barron, class of 1906, Presbyterian Hospital, Chicago.

MARRIAGES.

At Binghamton, October 9th, Miss Gertrude Sanford, class of 1904, Roosevelt Hospital, to Mr. Harry Leaver Morris.

On September 6, 1907, at New York City, Miss Meta Jaeger, a graduate of the Lebanon Hospital, to Mr. Otto Blech.

At South Amboy, New Jersey, October 5th, Miss Margaret Morris, class of 1903, Roosevelt Hospital, to Dr. Peter Irving.

On September 14th, at Chicago, Miss Frances Giffen, Mercy Hospital, Chicago, class of 1904, to Mr. Root R. Phelps.

On August 21st, at Hamilton, Canada, Miss Mary Leonore Long, Mercy Hospital, Chicago, class of 1902, to Mr. John L. Bucke.

On June 25th, at Wilmette, Illinois, Miss Catherine Kearney, Mercy Hospital, Chicago, class of 1896, to Dr. E. Prince, of Kenosha, Wisconsin.

At Detroit, Michigan, August 28th, Miss Jennie Clark, class of 1901, St. Mary's Hospital, to Mr. P. E. Graveline. They will live at 20 Milwaukee Avenue, Detroit.

On August 21st, at Omro, Wisconsin, Miss Ethel May Jaeck, Mercy Hospital, Chicago, class of 1906, to Mr. John George Froscher. They will live in Hinsdale, Illinois.

On August 7th, at Ragan, Nebraska, Miss Sara Stella Stanwix, Toronto General Hospital, class of 1898, to Mr. Elliott Lowe. They will live in Lincoln, Nebraska.

On September 10th, at Clifton, N. J., Miss Jean H. Cochrane, Paterson General Hospital, class of 1900, to Mr. James Lyle Cochrane. They will live in Philadelphia.

On September 17th, at Brooklyn, New York, Miss Adah May Le Flamme, Long Island College Hospital, class of 1896, to Mr. John P. Gormley. They will live in Mauriceburg, Canada.

ON September 9th, at Chicago, Illinois, Miss Tommie Etta Stokes, assistant superintendent of nurses at Provident Hospital, to Rev. James B. Beckham. They will live in Spokane, Washington.

AT Kijabe, British East Africa, August 7th, Miss Anna Marie Schneider, class of 1898, Philadelphia Hospital, to Mr. Emil Sywulka. They will make their home at the new mission station at Matara.

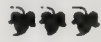
OBITUARY.

AT Schenectady, New York, in August, of pneumonia, Miss Ethel Orr Shepard, class of 1900, Roosevelt Hospital.

MISS LUCRETIA JOHNS, a graduate of the Nichols Memorial Hospital Training School, Battle Creek, Michigan, class of 1906, died at the home of Mrs. H. H. Maatsch on September 23rd. Miss Johns was a faithful worker and her death is greatly regretted by her associates of the *alumnæ* association.

MISS ANNA CRAVEN, class of 1902, Bellevue Training School, died on July 31st at North Danville, Vermont, of tuberculosis. Miss Craven was a most faithful and conscientious worker and had many warm friends in Springfield, Massachusetts, her field of labor as a private nurse for five years.

TRAINING-SCHOOL NOTES



HOPE HOSPITAL, Ft. Wayne, Indiana, is building a new nurses' home, which is greatly needed.

DURING the past year the Graduate Nurses' Association of Dayton, Ohio, and vicinity has established at the Miami Valley Hospital a new graduate nurses' directory.

THE teaching staff of Mercy Hospital, Chicago, has introduced stereopticon views as a means of illustrating the lectures to the pupil nurses on bacteriology, anatomy, etc., and finds that they clear up many difficult points.

THE Indiana State Soldiers' Home Hospital Training School for Nurses has affiliated with the Door of Hope at Indianapolis, Indiana, for the purpose of giving its nurses a course in obstetrics. It is pledged to send one member of its graduating class to serve a period of six weeks in the obstetrical hospital, and hopes to affiliate also with the Ellinor Hospital for Children, Indianapolis, by next January.

ON September 25, a class of four graduated from the Waterbury Hospital Training School, Waterbury, Conn.; Miss Alice Y. Buzzard, Pennsylvania; Miss Elizabeth Caldwell, Ontario; Miss Jennie Heppel, and Miss Mary Florian, Connecticut. An address was given by Rev. C. A. Dinsmore, D. D., on "The Beauty of Service," especially that of the physician and nurse; and by Dr. Nelson A. Pomeroy on the opportunities of the trained nurse and the need of a genuine love of the work.

THE graduation exercises of the St. Mark's Hospital Training School for Nurses, New York City, were held on October 1st. Dr. C. A. Ramdohr made introductory remarks and addresses were given by Dr. Karl Beck, president of the hospital, on "The Training and Duty of the Nurse," and by Dr. I. M. Rottenberg, secretary of the medical board, on "The Adaptation of Women for the Profession of Nurse." Mr. Maximilian M. Ruttenau, chairman of the executive committee, administered the Hippocratic oath and distributed the diplomas, badges, and one hundred dollars each to the following graduates: Leila E. Mason, Juliet F. VanValen, Elizabeth Goyette, Katharine F. Healsy, Katherine Sausy, and Margaret C. O'Conner.

THE first commencement exercises of the Alliance Hospital Training School for Nurses, Alliance, Ohio, were held in the First Presbyterian Church on the

evening of September 25th. The class of five has graduated from a three years' course. Those who have the honor of belonging to the first class are: Mary Augenstine, Waldo, Ohio; Ida Donnenwirth, Canal Fulton, Ohio; Mrs. Anna Johnson, Philadelphia; Susan Miller, Greencastle, Pennsylvania; and Anna Stump, Clinton, Ohio. Addresses were given by Rev. Dr. Stahl on "The Sphere and Opportunity of a Christian Nurse;" by Dr. G. B. Haggart on "The Ideal Nurse," and by Rev. Thomas Reisch on the hospital motto, "Not to be Ministered unto, but to Minister." The diplomas were presented by Dr. J. H. Tressel, president of the board of directors.

THE thirty-second annual commencement of the New York City Training School for Nurses was held at the nurses' home on Blackwell's Island, October 19. Addresses were made by Dr. Francis J. Quinlan, Rev. J. Ross Stevenson, D. D., and the Rt. Rev. M. J. Lavelle. A reception followed the exercises.

The graduates were: Sarah M. Stokes, Annie J. MacLeod, Marion Hampson, Amy Beers, Ethel S. Williamson, Ellen J. Lynch, Mabelle E. Harper, Winifred F. Meehan, Gertrude M. Henninger, M. Elizabeth Deuel, Gertrude M. O'Leary, Margaret L. Pritchard, C. Rhoda Robertson, Eva C. Humphrey, Fannie H. Bowers, Jessie E. Williamson, Beatrice Short, Edith Bengier, Sophia L. Carr, Myrtle Eddy, Caroline F. Laick, Carrie L. Westfall, Ardella V. Charland, E. Margaret Duff, S. Martha Tyacke, M. Annette Yeager, Catherine M. Lloyd, Josephine V. Hayes, Katherine Murphy, Sarah J. Garstang, Annie A. Matheson, Ethel E. Ross, Katherine Fitzpatrick.

WITH the operating amphitheatre prettily decorated with flowers, the commencement exercises of the Mercy Hospital Training School for Nurses, Pittsburgh, Pa., was held there September 17. The five graduates were Misses Mary E. King, of Sewickley; Ella McCaffrey, of Braddock; Mary M. Schuler, of McKees Rocks; Catherina Henry, of Titusville; and Annabel Cunningham, of Huntingdon, each receiving a diploma and a medal.

The exercises opened with an address by Father Miles Sweeney, pastor of St. James' Catholic Church, Sewickley, who said many pleasant things and paid a glowing tribute to the art of nursing. The address to the class was made by Dr. I. J. Moyer, president of the hospital staff, who gave them many kind suggestions and strongly impressed them that they must belong to all associations connected with their profession, advised them to be true to their training school, true to their alumnæ, to join the county society, the state association and, if there were any others, to belong to them. Lastly, but not the least, to be progressive and up to date, they must take that splendid magazine, *THE AMERICAN JOURNAL OF NURSING*.

The diplomas were presented by Dr. E. A. Weiss in the absence of Dr. X. O. Werder, examiner, who congratulated Sister M. Etheldreda, superintendent of nurses, on the excellent training given the class.

Miss Ida Giles, Pittsburgh chairman of the association of nurses, talked to the graduates and nurses on State Registration.

Congressman James Francis Burke closed the exercises with a splendid tribute to women who devote their lives to caring for the sick and injured.

PRACTICAL SUGGESTIONS



[THE items which appeared under this heading in the October JOURNAL might aptly have been entitled Unpractical Jumble.

It is customary to send to the publishing office each month with the JOURNAL copy, a number of short items to be used for filling spaces in the pages which occur between articles and which would otherwise be blank. These "fillers" were mixed with the Practical Suggestions by the printer and the amateur assistant editor, who was managing alone during the editor's absence on a much needed vacation, did not discover the error until it was too late to remedy it. It may be that the JOURNAL readers found entertainment in selecting from the medley the items which were intended as suggestions.]

I SAW in Practical Points some nurse recommending Bon Ami for polishing instruments. It is far ahead of most scouring soaps for taking stains off the hands and will be hailed with delight by all operating room nurses.

I. McL.

IN cleaning false teeth, put a folded towel or other clean soft cloth in the basin to protect from breaking in case they slip from the hands.

J. B.

IF nurses would send any little points they have learned which will help sleepless ones to sleep, either overtired nurses or nervous patients—nurses must never be nervous—it would be nice. My own are very poverty stricken but here they are. Sponge the spine with *very* hot water for ten or fifteen minutes or use two towels wringing them from the hot water alternately and applying to whole length of spine. A drink of hot milk containing salt and pepper, red pepper if feasible, either at bed time or when the patient awakens. For nurses it is sometimes helpful to have the head of the bed at the open window with the shade well up so the sky is visible—that's my personal one and even if I don't sleep it is very restful.

There is no one thing which all nurses have to deal with so constantly as sleeplessness either with patients or themselves. A hot water bag to hug helps some people with a goneness in the pit of the stomach and for those with aching heads either a water or ice bag containing very cold water may be placed at the back of the neck.

[An article on Sleep by Dr. Bridge, of Los Angeles, will shortly appear in the JOURNAL.—Ed.]

IN regard to the use of old newspapers, we have found them of great value in dressing surgical cases in the private rooms of our hospital by taking four thicknesses to hold the soiled dressings instead of a basin, also to line wire scrap baskets into which soiled linen is thrown. Still another of their uses is for large delivery pads of twenty thicknesses, covered with muslin and sterilized.

S. W.

IN answer to the question about an inexpensive elevator,—I have seen one,—the simplest arrangement—which cost about one hundred and seventy-five dollars, I think. It is weighted to suit the weight of the person who is to use it and is pulled up by a rope something like a dumb-waiter. I believe they are made to suit the space one has to give up to it, this one was 2 ft. 11 in. x 2 ft. 3 in. and the elevator space was 3 ft. 4 in. x 2 ft. 6 in.

M. D. B.

SOME one inquired in the September JOURNAL for something for use in burning waste dressings, etc. I know of an incinerator which is intended for burning the waste matter from a toilet room, instead of using an earth closet, in country places. I should think this would do equally well for dressings. I can give the address of the manufacturer to any one wishing it.

M. D. B.

MORE uses of old stocking legs have been suggested by the comment in the October JOURNAL. They can be used for polishing shoes, for cleaning a stove, as a substitute for rags in wiping the wicks of an oil stove; they can be basted together for stove holders or iron holders, and are excellent for use about machinery or a bicycle.

HOME-MADE GRAPE JUICE.

To each quart of Concord grapes—which should be stemmed and washed, of course—add one quart of water. Simmer two hours, and strain through any suitable cloth.

To every quart of strained juice add one cup of sugar. Boil five minutes, bottle, and seal. K. F. D.

A device for a bed bath is to have a frame made the width and length of a single bed. Place the patient on a rubber sheet longer than the bed, with a rubber ring under the hips and another under the head.

Elevate the head of the bed slightly and place the frame on the bed. Attach the rubber sheet to hooks along the sides and ends of the frame and fill the space with water. The patient may be kept in a continuous bath for one or two hours, regulating the temperature etc. according to necessity. At the close of the bath let down the rubber at the foot of the frame to drain off the water, then unhook the sheet and take off the frame, when the patient may be cared for as after a sponge bath. L. M. B.



BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

PRIMARY NURSING TECHNIQUE. By Isabel McIsaac, Late Superintendent Illinois Training School For Nurses, Chicago. The Mac-Millan Company, London and New York.

Development is a process which admits of no periods of inaction. Arrested development never means a standing still. It is always accompanied by retrogression. The nursing profession furnishes us with a striking example of this truth. For twenty or thirty years after what has been called "renascence of the nineteenth century" the main object of the training school for nurses was to supply the demand for trained attendants for the sick in their homes. This training was acquired in the hospital wards where the pupil nurses paid in hard service for the experience gained, and the teaching of the technique of nursing depended largely on the leisure time which the head nurse was able to abstract from her manifold duties; the theory of nursing came from lectures often condensed bewilderingly and as a rule delivered from the standpoint of the relation of the subject to the practice of medicine, surgery, obstetrics, etc. Then came the days when nursing became so popular that an applicant expected to wait a year or more for her appointment to enter the training school on probation, and hospitals of every character and dimension opened training schools, or in some instances allowed young women to do the work of the hospital for the privilege of a diploma attesting to a training they never had.

Then came a period of unrest—nurses themselves were their own critics—and the regenerative movement began in the formation of the various societies—state and national—the Superintendents' Society, the Nurses' Associated Alumnae, etc., the various objects of which may be briefly stated:—the creating and maintaining proper standards for the nursing profession. There is no need to dwell on the far-reaching and effectual effort which has emanated from these societies—one branch of this energy, however, becomes our present consideration.

The preparatory course of training for the probationer has become a rule in schools maintaining the highest standards, and with this, there

has come a demand for suitable text books. The present volume is the first of a series especially designed to meet the needs of the preliminary course. If the old saw "Well begun is half done" be true, then the author of the remaining numbers in the series is to be congratulated. The initial number is as the title indicates concerned with the technique of primary nursing. Formerly the method was to put the green probationer behind a screen with a patient, more or less suffering, and there leave them to worry out the problem; the preliminary course provides a means, in the clinical demonstration, for the pupil probationer to acquire a certain amount of technique before she comes at all in contact with a patient too weak and ill to protect herself from the zealous pupil's efforts at ministration. The pupil has had opportunity to have her sharp corners well rubbed down, if her subjects for demonstration are her fellow probationers who will criticise freely and resent volubly, before she touches a *bona fide* patient. The book opens with an outline for ten clinical demonstrations for the instruction of the junior nurse—each two hours long and to serve as a review of work already taught. These demonstrations follow the plan adhered to throughout the book of regarding the subject as "taught in relation to nursing and not to medical practice." The pupil has certain duties to perform for the patient—these duties involve the need for cleanliness and comfort—heat, air, food, medicine, etc., all of which the pupil nurse is required to know how to arrange for. The classification of nursing is not touched upon—but the author suggests that all training both theoretical and practical begin with medical nursing, the other branches following in order, viz.: Surgical, Operating room, Gynecological, Contagious, Children, Obstetrical. Thus the teaching of primary nursing technique in the present volume is confined to medical nursing, including the usual ward duties, serving of food, etc. Let no one infer, however, that the subject is narrow or the matter limited. One remembers that medical nursing includes all that is interesting in baths, sponging, packs, tubs, hot air, steam; or again the fomentations, poultices, ice-bags, cuppings, ice-coils; the gastric lavage, and gastric gavage; hypodermoclysis, transfusion, etc. Add to these the curious and interesting variations in temperature, pulse and respiration to be noted in medical nursing; the phenomena of the interchange of functions, as the skin and the bowels taking the stress of work off the kidneys when the latter are disabled, or the intestines maintaining the nourishment of the body when the stomach is out of commission, take into consideration all these and many more interesting phases of medical nursing and add to them the fact that Miss McIsaac brings to bear upon them her long experience and her

habit of intelligent observation and clear and accurate expression, and you have some idea of what the book becomes under her treatment. There is a suggestion of something humane, something kindly and sympathetic, infused into the extremely business-like lesson book, calculated to give the pupil a confident expectation of finding an occasional blossom at least in the wilderness, arid though it be, for the most part. This infusion of a benign influence is probably due to the insistence of the author that the primary object of nursing is to serve and help the sick. The sentimental side of the question is not touched upon, however; indeed one might say that ethics have supplanted sentiment.

It is rather a pleasant picture, on the whole, of a nurse's duties, the safe precinct of the hospital ward, the watchful eye of a superior officer who decides all vexing problems, the dependent patients to whom the junior is so important a personage, the daily and hourly wooing of those shy spirits—Order, System, Theory and Practice—who are to be conquered and made the faithful servants of the would-be nurse. There is every encouragement too to the would-be probationer—that with effort and purpose she can attain to the goal, even though she lacks graces or the higher education that some of her fellows start with. There is indeed no royal road to learning to be a nurse according to Miss McIsaac, but there is a very good pike whereon many find it no great difficulty to travel to their journey's end.

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CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE
MONTH ENDING OCTOBER 16, 1907.

ANDERBURG, VIRGINIA C., graduate of the Presbyterian Hospital, New York City, 1907; appointed and assigned to duty at General Hospital, Presidio of San Francisco, California.

BECHTLE, CARRIE, graduate of Christ's Hospital, Cincinnati, Ohio, 1896; reappointed and assigned to duty at General Hospital, Presidio of San Francisco.

CHAMBERS, ELIZABETH F. M., formerly on duty at Division Hospital, Manila, P. I., discharged in Manila.

DENAHY, MARIE, transferred from Ft. William McKinley to Division Hospital, Manila, P. I., to await sailing of first available transport for transfer to United States.

DUNCAN, ADELAIDE, transferred from Division Hospital, Manila, to Zamboanga, P. I., for duty.

EDWARDS, ELIZABETH F., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

FISHER, IZA, transferred from the Division Hospital, Manila, to Fort William McKinley, P. I.

GEE, MABEL D., transferred from General Hospital, Presidio of San Francisco, to the Philippines Division. Under orders to sail November 5th.

HEFFERNAN, JOSEPHINE R., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila, P. I.

JAMES, AGNES F., transferred from Division Hospital, Manila, P. I., to the General Hospital, Presidio of San Francisco, for duty.

KNIGHT, DELLA V., formerly on duty at the General Hospital, San Francisco, discharged.

LASON, ELEANOR, formerly on duty at Division Hospital, Manila, P. I., transferred to San Francisco and discharged.

MCCARTHY, KATHERINE A., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MITCHELL, BERTHA, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

MORRIS, HANNAH P., transferred from the General Hospital, Presidio of San Francisco, to the Philippines Division. Under orders to sail November 5th.

THOMAS, ELIZABETH D., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila, P. I.

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EDITORIAL COMMENT



A NURSE'S CHRISTMAS

CHRISTMAS is a joyous time to most nurses, a sad or lonely time to a few, it should be a blessed time to all. The nurse who is detained on a case which she can not leave, while her heart is longing for home; the nurse who has no home to go to, and who tries to arrange her time so that she will be on duty, or who spends the holiday in her room at her boarding place alone; and the nurse to whom the day is a sad anniversary of death or loss; these are inclined to find an undercurrent of sadness aggravated by the merriment of others.

The way to best celebrate Christmas is to begin during the Advent season to carry out the thought of the Advent collect: "to cast away the works of darkness and put upon us the armor of light," to put aside all unworthy thoughts and all self-pity and to fill the heart instead with love for one's fellow-men in preparation for the coming of the Christ-child. When this is done, the days preceding Christmas will naturally be full of thoughts and plans and desires for making others happy on that day, and it will be such an absorbing occupation, bringing such a glow of pleasure within, as will cast a radiance over the sad Christmas or the lonely Christmas, making them beautiful, if not gay.

No one need have money at her command in order to pass the day happily, though there is never a time of year when one is so thankful for a little fund to draw from. It is not the gift itself, but the loving thought, which counts with everyone, high or low, and an element of surprise is always delightful. There are many tiny gifts which can be made from simple materials if one has the time and is willing to take pains and thought, and there are many people about us to remember, beside our friends, if we keep our eyes open. We once knew an old man

who did odd tasks about an apartment building who was treated to a Christmas dinner by a woman whose means were limited. She had bought two warm undershirts for him and had tied them up in a gay package with a sprig of holly on top, putting it at his plate on the kitchen table. When this rough, homeless man saw the waiting place, he broke down and cried, for it showed that some one really cared to have him happy. Probably a gift of money, could the woman have afforded it, would not have touched him so much. One such celebration, thought out and carried through, is enough to make the donor as well as the recipient happy, and possibly, the merrier. A retired nurse, who lived alone, and who had no immediate relatives, used to go year after year with a ready-cooked Christmas dinner, to visit an old lady who was a patient in an institution; it would have been hard to tell which enjoyed the celebration most. It is pleasant to think up those who will have little or no jollity without your help and try to make the day brighter for them.

A nurse who has been sent to a case shortly before Christmas will often find her patient discouraged at the impossibility of carrying through her own holiday plans. Here is the best sort of an opportunity for the nurse to show her true Christmas spirit, to put her own preparations in the background and to throw herself with unfeigned interest and enthusiasm into the family interests, so that no child need be disappointed and her patient need not feel left out.

Even the nurse in the boarding house can find some other forlorn nurse to cheer and the two together can plan some surprise for the queer person who rooms below them, or for the over-worked landlady or the busy cook. The nurses off duty can attend the Christmas service, while the nurse on duty can only think the carols or sing them softly (quite off the key perhaps) to the baby in her arms, if she is so fortunate as to be helping to celebrate a new nativity. And in this last case, is there so much fun in the world as hanging up a tiny baby's sock for its first Christmas?

We have not forgotten the hospital nurses, each one of them has her hands full to overflowing, seeing to it that each patient under her care has a bit of Christmas brightness provided by herself. The kind superintendent and her assistant will watch to see which of her flock of nurses, perhaps the newest probationer, is inclined to greet the day in tears and will set her right by some special kindness or by sending her to perform one.

Let us hope that the coming Christmas day will be full of the highest joy to all of the JOURNAL readers and to all of the nurses of our land.

CHRISTMAS GIFTS

WE sometimes see suggestions in regard to the choosing of suitable gifts which we should like to exactly reverse. For instance, we are asked to choose books for the student and ornaments for the frivolous, yet one who is well acquainted with the human heart knows that the student often has an inward longing for something pretty to wear, while the frivolous, who already abounds in trifles, may like the worthy book. Nine people out of ten select warm gloves for an old lady and a box of candy for her grandchild, but the chances are that the grandmother would secretly be much more delighted with the candy and the child would be proud of new gloves.

A knife is supposed to be *the* gift for a boy, yet every girl has need of a knife and would not mind possessing several.

Above all things, do not give to an invalid or elderly person one of the illustrated books called "Waiting by the River," or some equally cheering subject. There are hundreds of such to be seen in every bookstore and they are not appreciated by those for whom they are so blandly prepared. Every normal human being should have a healthy interest in life as long as it lasts and it is not conducive to good cheer to invite him to concentrate his attention on his mortality.

A good general principle to follow in gift making is that if you do not enjoy a thing yourself, probably no one else will. Do not pass on to your humble friend a possession for which you have no use, better send a sincere, loving Christmas letter to the friend and bestow the impossible picture or book on the Salvation Army, leaving it to find a recipient.

If you have no Christmas fund for gifts, and must part with some of your own things, select those that you really like, and which you feel a little twinge in giving up, such a gift will undoubtedly carry pleasure with it.

We commend for before-Christmas reading a story of Mrs. Ewing's called "Madame Liberality," which describes a child so ingenious in her art of gift making that when her brothers saw her hard at work they would call out, "There you are again, making presents out of nothing and half a yard of ribbon." That is an art worth cultivating.

OCCUPATIONS FOR INVALIDS

MISS TRACY's paper, which we give as the leading article in this number, is one of the most suggestive that we have published in a long time. It is another one of those evidences that the true nurse must

possess something more than a rule of thumb in nursing her patient's body.

We wonder where the demands upon her are going to cease, and we think that in all of the new lines of work that are opening up that may be classed under the head of social service that the spirit of womanliness and helpfulness must be the foundation upon which the nurse's education is based.

If training schools would pay more attention to the development of the spirit of helpfulness and less to the exacting technique of the operating-room, we would have less criticism of nurses as a class in the outside world. The mental equipment of a nurse is just as important for the good of her patients, both in the hospital and out, as her manual dexterity, yet in many training schools this is entirely neglected.

PLANS FOR THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

IN the official pages will be found the report of the commission on arrangements for the International Congress on Tuberculosis to be held in Washington, District of Columbia, from September 21 to October 12, 1908.

The educational importance to nurses of this congress can not be estimated. So important a part of the practical application of the scientific researches in regard to tuberculosis seems to be falling into the hands of trained nurses for administration that the profession at large needs to be kept very closely in touch with what the advanced thinkers and scientists are doing along these lines and as far as possible to participate in such congresses, at least by attending them.

We shall publish from time to time during the year further reports of the committee, and we hope to be able to show in what special way this convention in 1908 will have a direct bearing upon the nursing situation.

REPRINTS OF DR. POTTER'S PAPERS

WE have at our disposal two hundred reprints of the articles entitled "Venereal Prophylaxis" which appeared in the February and March numbers of the JOURNAL, which are for sale at fifteen cents a copy.

These papers of Dr. Potter's should have wide distribution among women's clubs, teachers, settlement workers, etc. They will be especially valuable to the committee on Public Health of the Associated Alumnae,

and will be sent from the editorial office in Rochester upon receipt of fifteen cents in postage stamps for a single copy, or at the same rate for larger numbers.

So far as we have followed the literature being circulated from different points on the subject of the contagiousness of venereal diseases, we have not found anything that goes into the matter so in detail, that gives the symptoms of different forms of contagion, or that points out so clearly the dangers to the innocent as these articles by Dr. Potter. They are written simply, and are perfectly comprehensible to unprofessional people and we would like to see them broadly circulated. If the demand justifies it, Dr. Potter will publish another edition of these papers with a new chapter on special instruction to mothers.

CONDITIONS IN HIGH GRADE TRAINING SCHOOLS WHERE REGISTRATION LAWS ARE IN FORCE

IN all the hue and cry that is going on over the country in regard to the shortage of probationers in our hospitals, it has come to our notice that at least a few of the high grade schools that have adopted an eight hour system and that have reorganized their schools in late years on a strictly educational basis are not suffering any embarrassment in securing an abundance of good material for their training schools.

This is the strongest argument that can be made to those hospitals that are crying out that they cannot secure nurses for their work but are still continuing to conduct their schools with a three years' course under the same conditions as the two year course, with long hours, a burden of domestic drudgery; haphazard lectures, and an ever-increasing discipline which deprives the pupil in training of practically all personal liberty.

In spite of the fact that economic conditions have so changed in the business world, we believe that if an eight hour system were to be universally adopted, and the conditions for the three years course made what they should be, that most of the hospitals would be relieved of this embarrassment. It is becoming a question whether we should not have a united effort throughout all the states for securing an eight hour day through legislation.

THE VALUE OF PROPER ADVERTISING

WE understand that all of the colleges and medical schools are feeling the commercial prosperity of the country in a falling off of students in practically the same way that training schools are doing, with this

difference that the universities are not proposing to lower their standards of education to induce greater numbers of students to enter their profession, but are circularizing the preparatory schools and high schools of the country most vigorously. Some of these professional schools are going so far, we are told, as to send out agents to drum up students.

We think possibly the time has come when training schools for nurses will be obliged to adopt the methods of other educational institutions and not only advertise in magazines, but profit by circularizing the senior classes of high schools and young ladies' boarding schools. Mrs. Fick's account of her talk before a girls' club of a high school contains a very valuable suggestion along these lines.

JOURNAL STOCKHOLDERS' MEETING

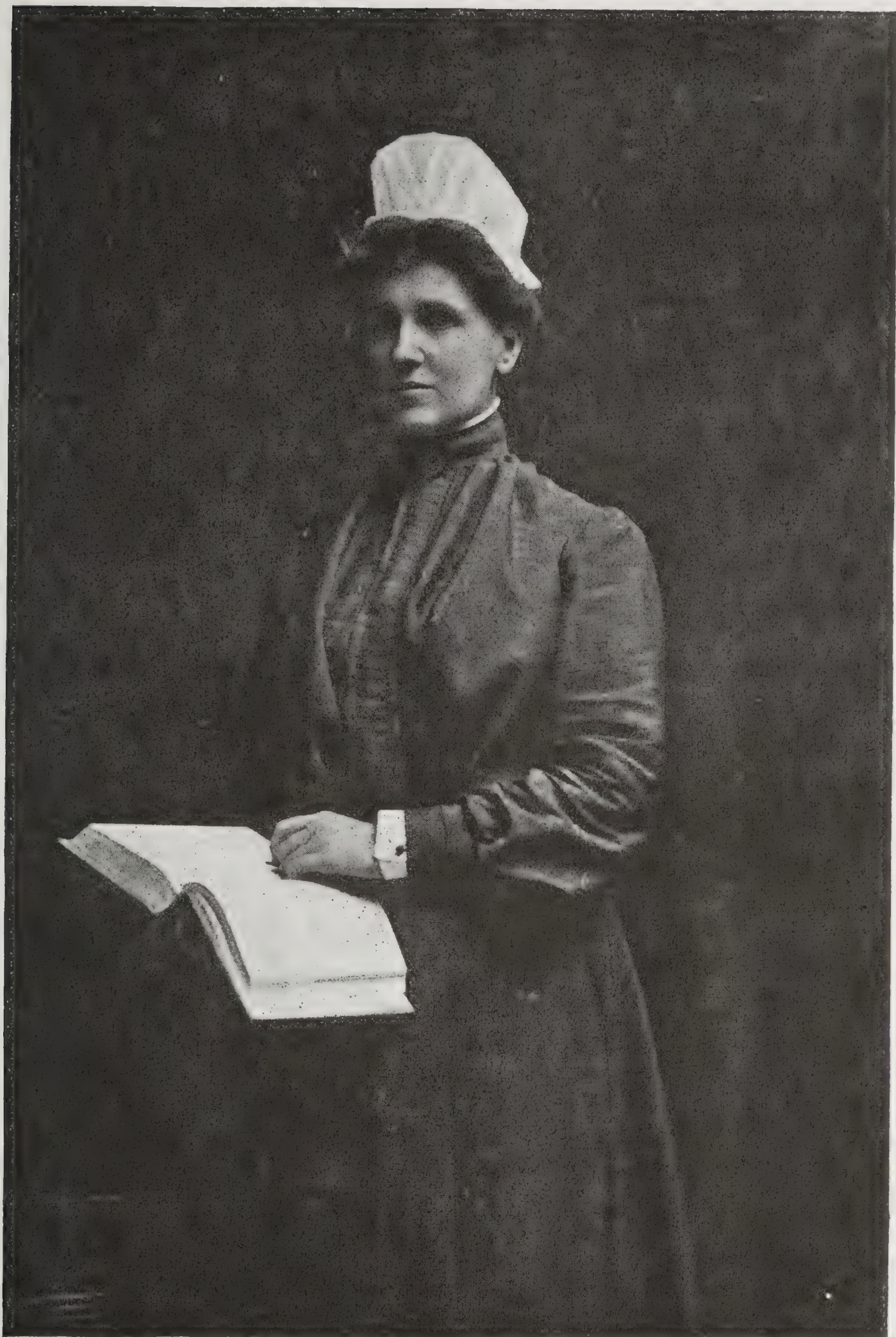
ALUMNÆ Associations holding stock in the JOURNAL Company are reminded that the annual meeting will be on January 16, 1908, in New York, and that where a representative cannot be present arrangements should be made for representation by proxy, that is, some one who will be present is properly authorized to cast the vote for the association or absent member. Fuller instructions will be given in the January JOURNAL.

NEW YORK STATE EXAMINATIONS

NURSES who intend to come up for the Regents' Examination in January should make application early for instruction, to the Education Department, Albany, New York.

MARY S. GILMOUR, R. N.

HER colleagues among the superintendents of training schools, and the members of the nursing profession generally, will learn with deep regret that Miss Mary S. Gilmour has felt obliged, for the sake of her health, to resign her position as superintendent of the New York City Training School. She had decided to take this step more than a year ago, but was deterred by the illness of one of her officers, which made her unwilling to leave the school short-handed. Her record is a brilliant one. She graduated from the New York City school in 1890, and returned to it, after six years spent in private nursing, to be the supervising nurse of the maternity hospital. In a little more than a year she was made an assistant superintendent of the school, and on May 1st, 1898, she was installed as superintendent. In 1899 she became a member



MISS MARY S. GILMOUR, R.N.,
Superintendent New York City Training School, Blackwell's Island, N. Y.

of the American Society of Superintendents of Training Schools for Nurses, and she has served on several of its committees. She also joined the New York State Nurses' Association during its first year, and in 1905, at the request of the Chairman of the Committee on Education, did important work in helping to arrange a curriculum of uniform studies for all training schools throughout the state. As her school thrived and outgrew its quarters, two new buildings were added to the Nurses' Home, and the old central building was considerably enlarged. This meant nearly two years of great strain and discomfort to Miss Gilmour, which she bore admirably at the time, but from the fatigue of which she has never fully recovered. Her talents as a teacher and an organizer, both of a high order, have been used unsparingly for the benefit of the school, but she now feels that rest and change of scene are necessary for a time. It is hoped, however, that her absence may be only temporary, and that she may return refreshed in body and mind to go on with the work which she has done so well.



“ All things are Thine: no gifts have we,
Lord of all gifts, to offer Thee;
And hence with grateful hearts to-day
Thy own before Thy feet we lay.”

WHITTIER.

SOME PROFITABLE OCCUPATIONS FOR INVALIDS*

BY SUSAN E. TRACY

Superintendent of Training School; Adams Nervine Asylum,
Jamaica Plain, Mass.

THE question of invalid occupation is one which should make its appeal to us through all of our five senses. To hear of it only would amount to little in most cases. One must see results and such results as are tangible or capable of being appreciated by the touch. Agreeable odor and flavor, even, must not be left out. One person learns by sight that which would never appeal to his ear, another by touch when neither sight nor hearing would convince. Accordingly I wish to present this subject to-day to your five senses, we will talk of its results, see them, and feel them, taking care that the last two senses are not offended.

We make a distinction between occupation and amusement. Amusements serve to pass time away, occupations treasure and redeem the time. However esteemed, I shall not include anything in the nature of games, and may we not raise the question as to whether a long convalescence may not be more profitably spent? We not infrequently find patients who play solitaire the greater part of their time. May we not help them to something which shall mean a little more to the world in general and, as a sure result, mean eventually much more to the patient himself? There is something tragic in watching the victim of a lingering but hopeless disease, playing his life away. In this we would by no means discourage entertainment pure and simple but strive to place it where it always belongs, as the normal balance weight to legitimate work.

Whoever succeeds in making an invalid happy and in maintaining this same state of happiness has gone a long way towards making him well. The secretory system has subtle connecting lines with his mental attitude, a temptingly arranged tray, a fine aroma, the sight of delicious fruit produce instant stimulation of digestive fluids; deeper breathing results from a sight of real grandeur, it is easy to take deep inspirations as we look out over a wide stretch of sea or up to towering mountains. May we not justly feel that wounds heal quicker where a tranquil mind exists, that the complex organism recognizes the atmosphere which dominates and settles down into comfort

* Read before the Suffolk County Nurses' Association, Boston, Massachusetts.

as naturally as a cat curls up before a fire on the hearth? If this be true a really good and efficient nurse must be vastly more than a tender of physical needs. To her who is to grasp first the patient's mental make-up, to appreciate his point of view, be it wide or narrow, and then, standing as she should, a true educator, be able to deftly dove-tail new thoughts of worth to the already existing interests, to her we award the palm and the whole world will join us and, furthermore, should we, in our shortsightedness and imperfect conception of the ideal, withhold our approval, still the world will find her out while our indorsed candidate may be forced to retire.

If, on the return of health, a patient wakes to the realization that the time has not been lost but has proven a true entrance to greater avenues of usefulness, his thought is no longer wholly bitter.

To this great end we, at the Adams Nervine Asylum, have set apart one hour weekly during the summer months to consider the mental possibilities of ten representative patients, taking them just as we find them. Ten hours is truly a mere scrap of time but many seeds may be sown in an hour and the trees thus planted grow not only through the summer but like all trees on the River of Life they "bear twelve manner of fruits and yield their fruit every month."

We have chosen as our first subject a little child of four years, of very poor family. The church, or some order to which the parents may belong, has sent a nurse who finds herself in what would seem to the casual observer, a barren locality. A brief, acute illness, it may be a pneumonia, will not permit of long residence; too serious for much entertainment at first, there will yet be a possible ten days or two weeks during which she may lead the way to true happiness. She can be almost prodigal in her dispensing as she will not be obliged to make the work hold out through weary weeks. In this lesson we stipulate only that no money shall be spent. Not a penny, unless it be a possible dime of her own, may this nurse spend and, strange to say, of all the inexhaustable sources of supply this house of poverty seems richest. The only secret is in learning to value its resources. Long before the child can lift a finger she can lift his thought. Even with an irritable child, without even pretending to amuse him, she may sit down where his eyes must face her and make from common material, something which a child loves. Indifferent at first, the interest comes involuntarily, soon questions follow and then the child is henceforth her own.

Common material in this house must be treasured. Egg-shells are saved to be converted into pictures, cradles, baskets and moulds

for desserts. Possibly some friend sends an orange or apple; this means a basket and a Jack-o-lantern. The common vegetables may all be converted into animals. A pasteboard box makes a fine cook-stove, a few bits of leather or bright kid make nice dishes, if cut perfectly round and placed on a hot stove cover for a few seconds. Fancy paper she cannot buy but the druggist's packages nearly always come wrapped in colored paper. The beautiful things made from paper are countless. Never forget the value of advertisements in making scrap-books. Children love a series of connected things. Make a house, it suggests a barn; a barn, a wagon; a wagon, a horse, etc. One of the best things to introduce is a box of hot sand with a few tin dishes.

Our second subject is an older child, not so poor, in a Bradford frame. The way is long and a little money earned would be a help. Our engineer has made us a frame which might be made by anyone, this fits over the patient as she lies in bed and forms a substantial incline which admits of much work being done. She can weave, on a hand made loom, dolls' rugs and mats of various sorts, and make fancy booklets. Rag dolls and stuffed animals are popular and bring a good price. One of our patients has made more than a hundred double-headed rag dolls since leaving the hospital and has sold them all. Rake-work knitting may be done by anyone in almost any position, scarcely requiring sight. Beautiful children's carriage robes, hug-me-tight jackets, etc., are made in this way without difficulty. The rakes may be purchased of The Polypus Knitter Co., 150 Nassau Street, New York City. It costs one dollar and a half, but these were made by our engineer in a short time for the cost of a piece of dowel.

The third study is for a scarlet fever case, a boy of seven. Our main principle in this lesson is to teach something of permanent value, and although the articles made must be destroyed, the skill developed needs no disinfection. We learn to stitch up scrap-books of wrapping paper; experiment in making good paste with gluten flour and borax; and make a row of Christmas stockings with appropriate paper gifts for each member of the family. Modeling is good but clay unhygienic, we therefore send to the Holyoke Paper Co. and get at six cents per pound, paper pulp; from this we model animals, dishes and raised maps, the map being first drawn on a board and the paper pulp applied to form mountains, valleys, etc., lakes and rivers being left plain on the board and painted blue. When dry the whole may be colored with water color. This may all be completely burned. Latterly we have made our own papier machè by tearing newspaper into bits, pouring on boil-

ing water and soaking for a long time, several hours—when well picked to pieces and quite soft we mix thoroughly with a little thin, flour paste and find that it works quite as well as that from the factory.

As a fourth study we take a young girl of sixteen with fracture of femur and left radius. This, as you see, must be exercise for right hand alone. Using the same frame which we employed in the Bradford frame case we find that if work be firmly fixed she can easily do good leather tooling, color photographs, cross-stitch embroidery, print booklets, draw, paint and many other things.

The boy of ten will be helped through a tiresome mastoid case by stencil work, sign painting, and, given the trades to advertise, will be greatly interested in designing street-car signs.

The young woman in the hospital with a slow-draining wound can learn to make ribbon flowers and dainty raffia baskets without bringing too much clutter into the place.

An old lady with rheumatic legs will knit, do cross-stitch, patchwork, and make holders. A great deal may be learned from such a patient by starting a book for personal recollections,—a historical scrap-book. It always flatters elderly persons to be asked to tell what they remember.

I once asked a feeble old lady if she remembered a certain stitch in fancy knitting. It had the effect of a dose of whiskey. She sat up in bed, called for her needles and I soon had the rule for that stitch in my scrap-book.

The old man is a far more difficult subject. Sometimes he simply seems to be waiting to die. He likes to whittle and can make a good many nice little things in this way. There is an excellent little book by Mr. Larsson of the North Bennett Street School on whittling which will pay for the seventy-five cents it costs. Old men like to make some little thing which suggests their former business; for example, a man who has been a carpenter will like to make little wooden boxes or other articles which call for the employment of principles which govern larger work. One old gentleman has spent much time in braiding straw for hats, the straw being obtained from the factory at Millford, Massachusetts.

A German strung rug is a good piece of work for him. He likes almanacs and weather vanes and he very much likes to tell his experience,—a valuable collection of war stories it may be. We ought to do more to make our old man's last days profitable. Above all things he likes to handle a little money. He can sell postage stamps and feel that he is still in the business world. One of the hardest things

which is said to old people is "You don't need any money, you are well provided for." All self-respecting individuals need *some* money. It may be little but the sense of being penniless is not conducive to long life or happiness.

The middle aged practical man will not care greatly for all these little things. For him we suggest planning a house. He is sure to have ideas on building. Add to this a plan for a beautiful garden and possibly start seedlings in the house and so have the pleasure of watching things grow.

Home book-binding is an occupation which interests both men and women. No tools are required but knife, scissors, ruler, paste, needle and thread. We cannot say enough in praise of this form of occupation.

Our last case is a study for the waiting time before confinement, that time when money is grudged to the nurse, when time hangs heavy, may be transformed by the right sort of a nurse into a period of accomplishment and satisfaction. I would make two suggestions prominent here. First undertake some piece of work which is large enough to make a little haste necessary in order to finish, and secondly let it preferably be of some sort which has no direct bearing on the case, something which shall be a new and attractive idea which takes the place for a time of those which have been so persistently present.

At the Adams Nervine work is prescribed. A certain sort of work for a definite time, ordered by the attending physician and done under the supervision of a qualified teacher of manual training. We could not think of treating the many forms of nervous invalidism without it. But the thing above all else which makes the occupation training dear to my heart is the experience of its need through seven years of private work of all sorts before I was ever fortunate enough to know the Nervine and its methods.

The occupation work is thus a definite part of our curriculum. We include it, not for the benefit of the Nervine but for the benefit of the public to whom we send our graduates.

I would like to make a strong plea for the pupils of other training schools, that the need which is bound to be felt by every private nurse be recognized and provided for in her training. We have no more time than any other school. It has to be summer work but it is of so different a character that it is in itself a recreation. And the nurse finds at the end of the ten weeks that she has learned to do many things which bring her in touch with a large number of people. We have the advantage of a large work-room which is always open to visitors;

this the general hospital has not but it is by no means necessary in order to conduct such classes. Any common sitting-room or supply room having a large table and a little space for storing material will answer.

This paper was written to be illustrated by an exhibit of the class work. In order that it may be well understood its readers are invited to visit our work-room where they may gain something which may be passed along with profit.

THE COURSE IN HOSPITAL ECONOMICS AT TEACHERS' COLLEGE, N. Y., AND ITS NEED OF ENDOWMENT*

By IDA M. MARKER

Graduate Hospital Economics Course; Superintendent of Nurses, Hospital of the Good Shepherd, Syracuse, New York.

IN the little blue book of "Nursing Ethics," in the introductory chapter we may read:

If it were possible to bring together all the trained nurses of the present time to be reviewed, and have judgment passed upon them we should have before us a body of volunteers, each of whom occupies her position in the ranks, of her own free will and accord. At first, no doubt, we should be impressed with the magnitude of their numbers. But, when we came to concentrate our attention upon each regiment, as it were, and upon each individual in that regiment, we should be struck with some not altogether pleasant incongruities.

If we glance at the officers, we may find they too are not always in harmony; it is very apparent that each woman is a law unto herself. Her gaze seems to be largely centred upon her own particular regiment without a proper regard as to the manner in which its manœuvres or actions may affect those in front, behind, or on either side.

It was the master mind of the author of the volume from which this quotation was selected, that first promulgated the idea of a special course for the preparation of trained nurses for teachers of nurses, and superintendents of training schools and hospitals. Through the efforts of the American Society of Superintendents of Training Schools for Nurses, the special course in Hospital Economics was introduced into Teachers' College, Columbia University, for the purpose of bringing about a uniformity of training, and curricula, in the nurses' training schools throughout the land.

* Read at the annual meeting of the New York State Nurses' Association, Syracuse, N. Y., October, 1907.

The recognition of the needs of the nursing profession by such an institution as 'Teachers' College, and the reception of our students within its walls, is a most pleasing instance of the trend of the times towards the realization of high ideals, and acknowledgment of the dignity of our calling.

In 1899 the one year course opened with two students, one of whom, as many of you know, remained as lecturer in charge until last fall, when she resigned her position for other fields of usefulness. Under what difficulties these pioneers obtained and maintained recognition in the College, remains for them to tell, but this we do know, that out of the small beginnings of that meager first year, has grown a well rounded course in Hospital Economics in which trained nurses are taught how to impart knowledge after the most approved methods. From a selection of what material the College afforded, supplemented by the more valuable, though hurried, lectures given by the leading members of the nursing profession of the United States, the work has developed till now there is much that is practical as well as theoretical, and each year brings improvement along these lines.

As examples of the development of the course, the following are cited:—Last year while the first year's work in dietetics was especially arranged for the student nurses, the instructor was not herself a trained nurse, and no application of the relation of food to disease was made—this year the instruction is given by a trained nurse, who is an excellent dietitian and a trained teacher. Again, last year the architect who so ably supplemented the lectures and practical work in hospital equipment and construction, is this year a recognized lecturer in hospital economics, with a course of lectures on hospital planning. There are also a series of lectures on hospital laundries, which did not appear in last year's curriculum. After instruction in elementary psychology and the principles of teaching, together with a course of lectures on biology, the students, under the observation of a critic teacher, have the opportunity of actually conducting classes in anatomy and physiology in one of the training schools of the city.

Another valuable part of the work, is the weekly expedition to some one of the hospitals of the city, for the purpose of observation, and the comparison and discussion with the lecturer in charge which follows.

If past years have brought forth so much that is desirable in such a course, what may we not expect of future years? It is quite probable that the greater part of the theoretical work may be supplemented by actual practical experience in the large institutions of the city.

Teachers' College is situated on Morningside Heights between Riverside Drive and Morningside Park. It is well equipped with laboratories, a library, educational museums, class and lecture rooms, social rooms, etc. Adjoining it on the west is the Thompson Memorial Physical Education Building, with its large gymnasium, exercise rooms, hand ball court, bowling alleys, bath rooms and a small though beautiful swimming pool. The libraries and museums of other buildings of the University are also accessible to students of the college.

Whittier Hall, the hall of residence for women is under the direction of Teachers' College. It is situated within the same block. It is a handsome, ten story building with spacious halls, reception rooms, dining rooms and restaurants. While the sleeping rooms are small, they are comfortable and adequately furnished. The home life is well looked after by a competent and charming house mother, who is also directress of the college.

There is no opportunity for homesickness or loneliness—how could there be in the midst of three hundred and fifty women, the majority of whom are actively engaged in the pursuit of knowledge, and the enjoyment of life.

If one wishes to live perhaps a trifle more economically—there are many comfortable suites in adjacent apartment houses, where light house keeping may be engaged in, but the difference in the cost of living is so little, and the many advantages of Whittier Hall are so great, that the majority of Hospital Economics students prefer the latter place of residence.

To non-residents of New York, a year in the city is in itself an education. To quote from the College Announcement,—“The facilities of the University are supplemented by the many libraries, museums, studios, art rooms and parks of the city,—such as the Metropolitan Museum of Art, the National Academy of Design, the Art Students' League, the various libraries, American Museum of Natural History, the Botanical Garden, the Zoölogical Park, and the Aquarium. It is unnecessary to speak of the character of New York as a center of intellectual, artistic, historic, economic and social interest, and of the opportunities it offers for the acquirement of general culture.”

The expense of the first year of the course, excluding clothing and traveling expenses, but including residence at Whittier Hall, stationery, laundry, etc., averages about six hundred dollars, though a very careful person might reduce this to five hundred and fifty dollars. This does seem like a considerable sum to expend for nine months' instruction, but personal experience leads me to state that one does get value received.

The advantages are twofold,—to the individual, and to the nursing profession in general. The religious, social, educational and professional advantages all tend to broaden the individual, and make of her a more proficient and competent woman, while the knowledge which comes from the teachings of many of our leading women, and the inspiration of their example, put one on a firmer basis, and inspire to the attainment of high ideals for our profession.

If the graduates of this course but follow the teachings of these women, if more nurses who contemplate institutional work, could be made to feel the necessity of the groundwork given by such a course, what a benefit would accrue to the nursing world. To be sure it cannot take the place of experience, but experience is a dear teacher, and slow and severe.

How much better it would be to take up institution work fortified by, at least, the general ideas of what a training school should be, and what it should give to its nurses, that they may rank with those trained in the best institutions of the United States. And after all these years of effort on the part of the Superintendents' Society, is it not time that we lift the burden from their shoulders, and establish our own chair at Teachers' College? This could be accomplished if only nurses might be made to realize its necessity. Formerly the course came under the department of domestic science with our own "lecturer in charge," but since she has taken up other work, and since the establishment of a course in domestic economy with one of our leading representative women in the chair, the course of hospital economics has been placed in that department. While Miss Nutting can do much for us, that few others could, yet we are imposing on her a heavy burden, and if she were to relinquish her present position, her place would not necessarily be filled by a member of our profession.

What we need is our own endowment, that we may be assured of permanency in the college and surely the nurses of the State of New York ought to be most active in such a progressive movement for the higher education of our profession.



"The heart must ring thy Christmas bells,
Thy inward altars raise."

WHITTIER.

THE DOCTOR AS THE NURSE KNOWS HIM

BY GRACE HOLMES

PHYSICIAN—surgeon—Is he not a man
Like unto other men—with hopes as high?
Is not his heart of hearts kept pure, by God
And wife and child and home, the same as thine?

Sometimes “Our Father” deems it best to send
Sorrow and trouble into homes of men—
Does *your* heart falter cold and sick with fear?
Are sorrows such as these unknown to him?

No—every human heart knows its own grief
And he—this man of iron nerve, has stood
With bowed head and white and tearless face
While “Dust to dust” was said over his own.

Again—I see his eager anxious face
As in the silent watches of the night
He stood beside a lowly cot of pain
And whispered low “Lord show me what to do.”

Those hungry hopeless eyes looked into his;
He met the unspoken question with brave look
And faltered not—but all the long night thro
With ceaseless energy he labored on.

His Father heard his prayer and answered it
A precious life is saved—as by his skill.
—The daylight comes—and does he pause for rest?
To sterner duties his high office calls.

And I have stood beside this surgeon there
Where men lay down their lives in simple trust
Beneath the skilful hand of him who seeks
To stem the weary tide of human pain.

And I have seen him work with bated breath
To snatch—it almost seemed from God’s own hand
The soul that had well nigh escaped
Its earthly dwelling place—“Not made with hands.”

And I have seen him draw quick breath again,
Have seen the glad light leap into his eyes
As feeble, slow, unsure, reluctantly
The tiny, priceless spark flamed up again.

And I have stood beside him there once more—
A pure and holy reverence in his face—
When he has laid her little first born child
Where God has planned its safest resting place.

And memory recalls another scene—
A soul has gone into the great beyond—
And he—as with a woman's gentle touch—
Closes the dull eyes, folds the lifeless hands.

Tis that your eyes are dimmed with tears, if you
Have failed to read his look of sympathy.
He's gone—His silent hand clasp seemed to say
“You need the Great Physician for *this* pain.”

A NEW CRANFORD—CONTINUED

By ISABEL McISAAC

CHAPTER IV. OTHER PEOPLE'S CHILDREN

Two commonly accepted fallacies among us are that poverty and ignorance are at the bottom of most wrong-doing and that poverty, ignorance and wrong-doing are confined to the cities. It is of the first fallacy I would like to tell a little story which is true except in its geography. Several years ago there emigrated to the United States from Canada an undersized palefaced little Frenchman who had grown up in the back streets and alleys of Montreal. Properly his name was Pierre Desjardin, but his fellow workman on West Madison Street could not be expected to master any name so euphonious and he soon came to be known as French Pete. Our first acquaintance with Pete was when he came as a plumber's helper to mend frozen water pipes; he was at that time ragged, not overclean, thin, and constantly enveloped in the smoke from the vilest tobacco one could imagine, his manners were what might be called “fresh” to use one of his own expressions and he did not hesitate to express an opinion of a household of unmarried women, and we in return at the end of his first visit declared him to be an “odious

little wretch," for which we now repent with a vastly uncomfortable feeling. It appears that Pete made his home in that district where rooming houses abound and many things are done which ought not to be done and many things are left undone which ought to be done.

Among his fellow boarders was Mrs. Mamie Collins, with two children, a widow beginning to take notice, who speedily realized that Pete was a steady workman and therefore a desirable provider for her and her infants. Whether Mr. Collins had been a fact or fiction history does not record, but in due time evidently without much effort on his part, Pete found himself a step-father with four stomachs to fill instead of one, and at the end of a year another child was added to the family.

To house, clothe and feed two adults and three children upon two or three dollars a day is not an easy task and to eke out the income Pete played his old Canadian fiddle at any saloon or dance hall needing his music on Saturdays or other nights.

Meanwhile Mrs. Mamie, like other ladies who lived in better streets, got tired of domesticity, and while Pete played his fiddle she amused herself with the good looking barber on Sangamon Street; whether the barber persuaded her to leave or whether she enticed him away I cannot say, but when Pete came home late one Saturday night Mrs. Mamie was gone and Pete and the three little girls were left to shift for themselves.

"The woman upstairs who knew well what she was" gave them all the help she could and for many months this poor ignorant little man worked days, nights and Sundays keeping his flock together until he could do it no longer.

Now was the time you or I or most men would have bundled those children into a public institution and spent our money in riotous living, but not Pete, and having decided that a woman was necessary to care for his children he promptly took legal steps to free himself from his former wife and married a clean, industrious little German girl who was willing to keep a home to the best of her ability and to use Pete's own words, "she is the best wife ever."

This, however, is not the end of the story, for after six or seven years, when three or four more babies had been added to the triangular family, Mrs. Mamie got tired of the barber and his successors and followed Pete to Iowa, whither he had moved, to demand her children who all these years had been living with their step-father, and this was the place where Pete arose to a pinnacle precious few of us ever attain and told Mrs. Mamie in his own picturesque French-Canadian and Sangamon Street language that she was not fit to have the care of those two girls, that they were good children and would be able to care for themselves in

a few years, and if at the end of that time they wished to go back to their mother they could decide, but meanwhile he should send them to school and if she—Mrs. Mamie—interfered he would have her arrested for deserting them when she did.

Now what could Mrs. Mamie do but just go away and let other people take care of her children? Which she did, and Pete still sends the little girls to school and they all live together as happy as a family can be. The wrong kind of education might have destroyed this man's innate decency, but poverty and ignorance never moved him an inch from what he felt was his manifest duty.

THE TRAINING SCHOOLS FOR NURSES AT BORDEAUX*

By DR. ANNA HAMILTON

IN presenting to this Conference the accompanying printed and illustrated reports of the Bordeaux schools I desire to emphasize two features of their organization which seem to me essential to their usefulness and success.

First. The school of nurses is attached to a hospital and constitutes its nursing staff. Second. The Director of school and hospital is a woman. We hold that the value of training depends on these two points.

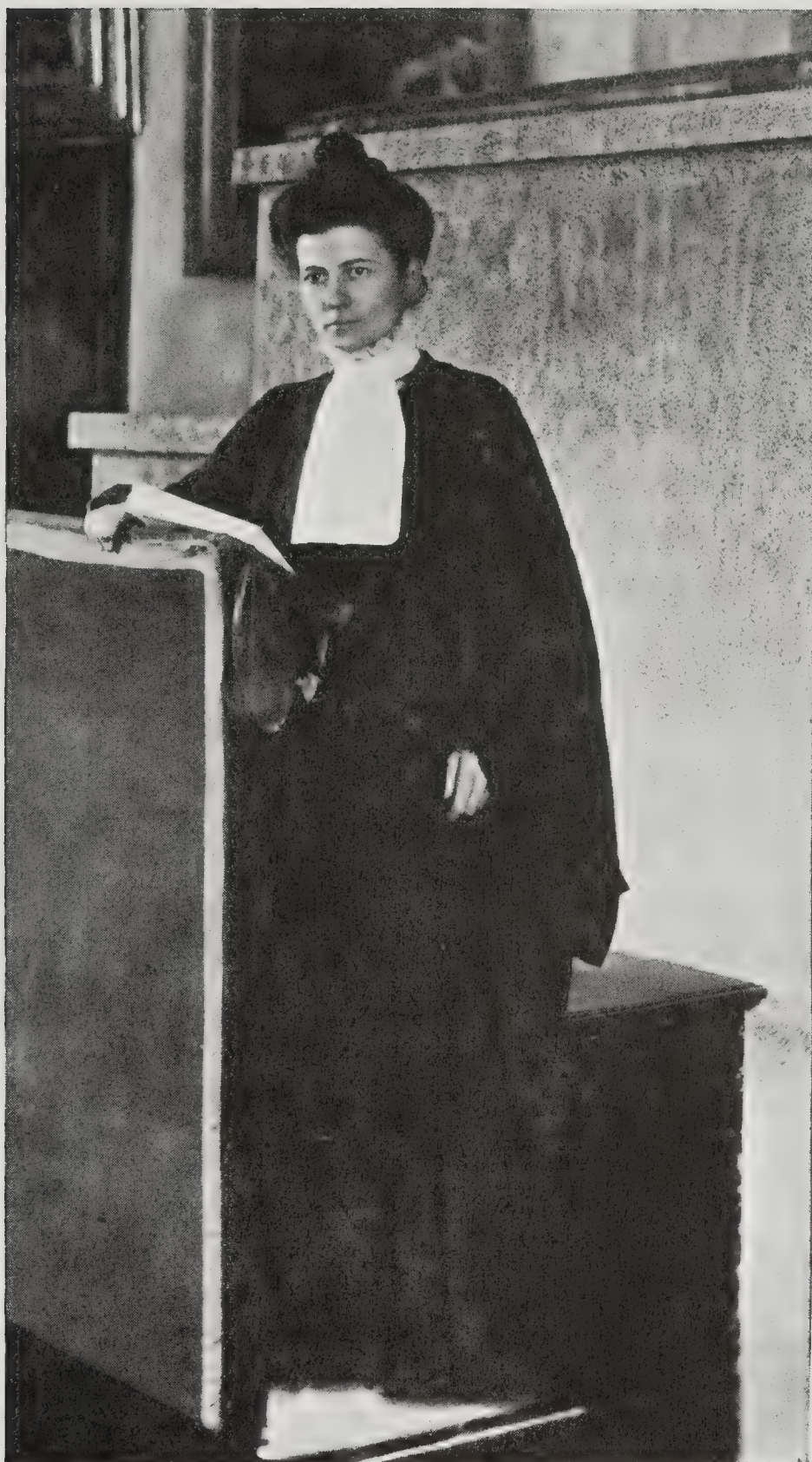
This declaration may seem to be superfluous to the majority of the members of this Conference. For, in the audience before me I see numerous training-school superintendents and matrons, who, beginning as probationers, have passed step by step through every grade of hospital work until, having reached the highest positions, they represent to-day all those their colleagues, with whom they are now training thousands of nurses and directing the nursing of important hospitals.

But in France, the directresses of civil hospitals may be counted upon the fingers, and Paris has not a single one! Therefore it is with deep joy that we salute all the present heads of hospital training schools for nurses. Their presence here proves that the system of hospital schools inaugurated at Bordeaux is not utopian, but a simple adaptation of the method recognized abroad as being excellent, and which was initiated by the pioneer nurse, the heroine of the Crimea, the venerated Florence Nightingale.

The Protestant Hospital of Bordeaux,† at present a general hos-

* Read at the Conference on Nursing in Paris, June, 1907.

† The following outline is condensed from the historical part of the reports given to the Conference. L. L. D.



DR. ANNA HAMILTON,
in her University robes.

pital, was opened in 1863 for the benefit of Protestant sailors; but it was not limited to them, but received gratuitously all indigent patients of the protestant faith, and, in 1871, a service for sick children was added. Its growth was steady (now including obstetrics and gynecology), and, from the outset, the founders had desired to associate a nursing institute with it, having at first thought of taking nurses taught elsewhere and placing them in the hospital or at private duty.

In 1884 the managers determined to alter this method. The superintendent of the hospital, who was a woman, Mme. Mommeja, records her dissatisfaction that hospitals should have to seek hither and yon for their nurses instead of training them, and urges the establishment of a course of training. She states that the managers have arranged to take pupils but that none present themselves. (Report of 1885.) The only result of the managers' efforts was that courses of lectures were started, at which a numerous audience of women, mostly married, presented themselves, but this did not supply the hospital with nurses. Women of leisure, however, were so taken with these lecture courses that in 1887 they persuaded the "Society to Aid Wounded Soldiers" to give them its diploma after passing a theoretical examination given by three physicians, one of whom represented the Red Cross Society, another the Protestant Hospital, and the third the general hospitals,—and between 1887 and 1890 twenty such diplomas were given, only three of which went to women actually working in the hospital.

But in 1890 the managers rebelled and determined to give their own diploma and to create a "Free and Gratuitous School for Training Nurses" (the word "free" referring to principles, not to money). The school was begun under the superintendence of Mme. Gros-Droz, one of the holders of a Red Cross diploma, but still a *hospital* training was not established, the pupils all being *externes* and coming three times a week to lectures. The only service required of them was to assist in the dispensary or out-patient department. The course lasted for two years, and, while between 1890 and 1902 the school had given its diploma to *one hundred and thirteen externe pupils*, there were only *sixteen internes*, or those working in the wards, who had received it. This tells its own tale without more explanation. In 1901, the direction of the hospital and school was confided to Dr. Hamilton, who immediately began to organize the "Hospital School for Nurses." The diploma was henceforth given only to those who had spent the two years in the wards, and was signed by the Chief Surgeon, Vice-President, and the Directress. The male nurses were dismissed; the nurses put into uniform; their quarters were arranged and their sitting

room was the first in France. The ladies were allowed to come to certain lectures but without recognition, and a trained nurse was placed at the head of the staff;—first a Holland nurse, then two Swedish Red Cross Sisters; finally Miss Elston of the London Hospital.

The second Bordeaux School was first established tentatively in 1903 in the St. André Hospital, a large institution of a thousand beds, where Sisters of St. Vincent de Paul, a second religious order, the Soeurs of Nevers, and a secular school of nurses irrespective of religious faith were all to be put through a course of teaching under one head. As may be easily imagined, this attempt could not but fail, and the superintendent of nurses with her secular staff was placed in the Tondu Hospital of one hundred and twenty beds, a general hospital well-built on the pavilion plan, where the success of the school was immediate and lasting.

The Protestant Hospital gave up Miss Elston to the new post and supplied the head nurses to work with her, thus being the parent of the Tondu Training School. From these two schools a network of hospital reform is extending to other towns and cities, where their graduates are taking hospital positions and devoting themselves chiefly to the renovation of nursing services in institutions.

A NURSING TALK TO HIGH SCHOOL GIRLS

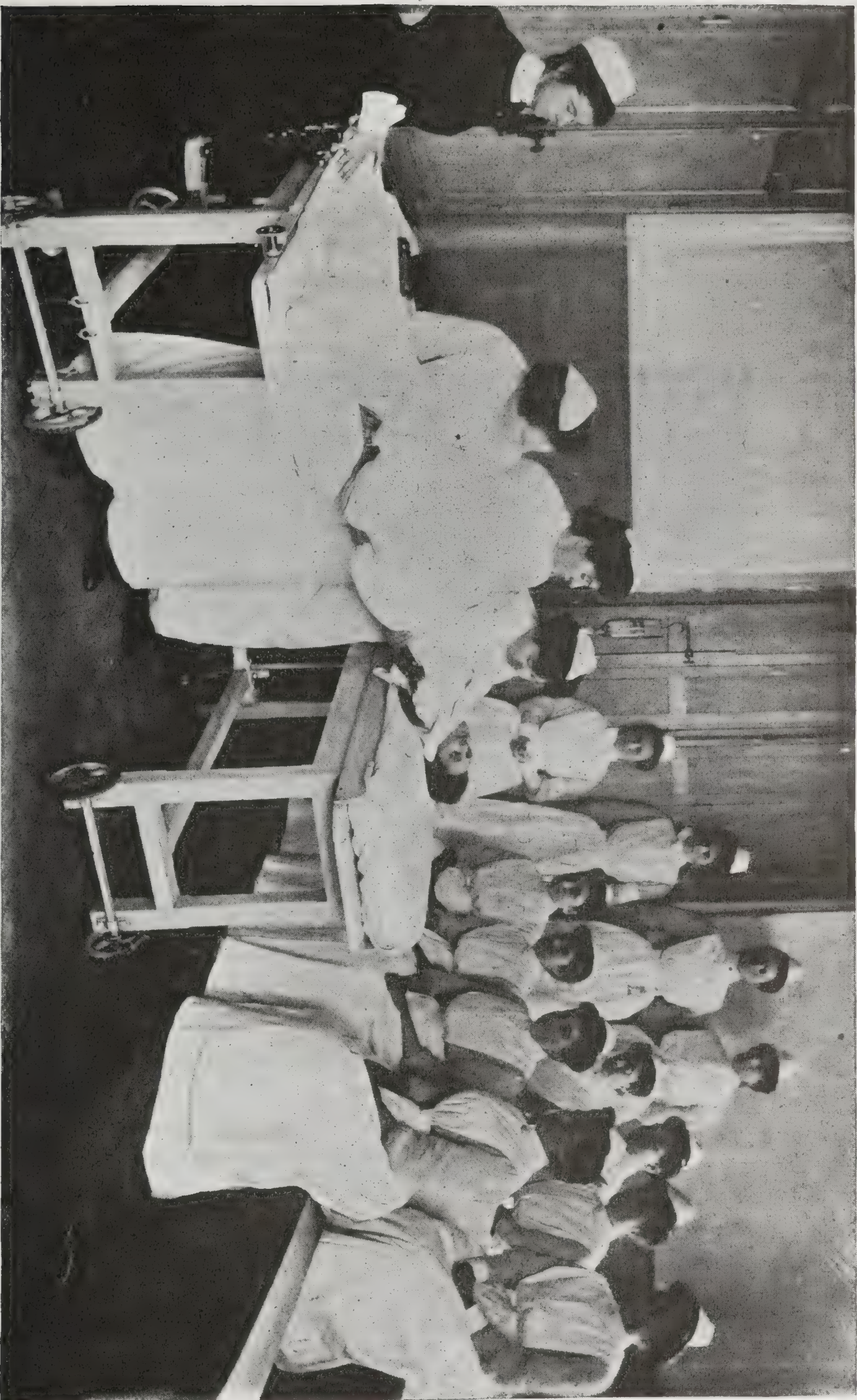
BY MARY THORNTON FICK

Cleveland, Ohio

FOR several years we have been facing a problem in the schools for nurses, namely, the dearth of suitable applicants for training.

Applicants there are, but the standard of education manifested in speech and writing by the majority of them is deplorably low. Driven sometimes to at least give them a trial we often find golden hearts, good judgment and willing hands.

Such candidates demand more patience and much tactful guidance from the principal of the school and the instructress in the various branches, but some good nurses have thus been added to the profession. The increased prosperity of the country may have something to do with the scarcity. The young woman who finds that she must become self-supporting, seems to turn to the more immediately remunerative vocations. A few terms at a business college and she is fitted for office work; a continuation of her studies at school and she is fitted for



A practical lesson in the Tondou Hospital, Bordeaux.



Nurses and probationers serving patients meals in the Protestant Hospital, Bordeaux.

teaching, but let her mention nursing and at once she is told it is "too hard" she is "too sympathetic," and so on until the youthful enthusiasm is suppressed by the opposition of those who in the majority of cases know not of what they speak.

During five years spent as superintendent of a hospital in the Northwest the problem appeared to offer no solution, until one day I was requested by one of the teachers in a large high school in a neighboring city of the next state, to speak to their girls' club on "Nursing as a Profession." It was explained that this club of girls had been taking up the different vocations open to women, had had addresses on several, and to complete the course wished for a talk on "nursing."

It seemed as if here was an opportunity to at least direct attention and perhaps arouse the definite interest of a most desirable class of girls. A year or two, and most of them would be deciding on a vocation.

It was rather difficult to find anything about the nursing of the sick in history; here and there a side light is thrown on some act of charity or kindness, but generally it is strangely silent about good women, and nursing is surely a good woman's work.

We read of an Egyptian princess of very ancient times who adopted a foundling infant of an enslaved race and brought him up as her own son. We also read of a wealthy Roman widow, Fabiola, who in the fourth century used her house as a hospital caring for the sick herself, while teaching others to do so.

About this time the temples of Esculapius and Hygia were closed, and the sick who had been in them were cared for in the Christian temples which were thrown open to them. Hospitals were founded in the eleventh century; and late in the twelfth century, Hildegarde, Abbess of Rupertsburg, founded a school to instruct nurses for service in hospitals; but not until the latter half of the nineteenth century did the systematic training of young women in the care of the sick become a definite aim.

The movement has gone on from strength to strength, until the constantly widening fields of usefulness have astonished the thoughtful nurse herself.

This, and much more I told a most attractive audience, a roomful of girls from fifteen to eighteen—that I found awaiting me on the day appointed for the "talk,"—giving them statistics relating to the adjoining states, also to the number of pupil and graduate nurses in America, and so on,—I told them how in these later days the feeble

efforts of the sympathetic and charitable had borne fruit far exceeding their expectations, that we hear much of women taking the places of men in the business world, but that no one ever questions her right in this, most womanly of professions, that they would hear their fathers and mothers talk on "investments" and their "returns"—and that this might be regarded also from a business standpoint—as an investment. Three years' time to be invested,—everything in the way of education and accomplishments that had been previously acquired could be utilized and were of great value, in return they could say that besides having an honorable means of self-support, should this become necessary, they were also better equipped for a woman's normal sphere of usefulness. House keeping, home making, hygiene were easy problems now.

So I closed my little talk, saying that perhaps I had been silent on the very matters of which they most wished to hear; hospital life had become second nature to me, and that I should be glad to try to answer any questions asked.

The awful silence that often follows a remark of that kind was absent here. The questions were most intelligent—bringing out much more—even after the meeting was adjourned I found it difficult to leave the schoolroom as these bright young girls still clustered about me.

One of the leading women's magazines recently speaks sadly of the question of an education of our girls to be self-helpful, if thrown penniless on the world in these days of fluctuating fortunes—while also fitting them for the duties of home which—as the majority of girls marry—will be theirs.

It seems that a nurse's training whether used as a means of livelihood or not is one answer to the problem—for those at least, and they are many—who have a natural tendency towards this work.



“In heaven thou art not set;
Thy rays earth might not dim;
Send them to guide us yet,
O star which led to Him.”

NURSING IN MISSION STATIONS

MISS EMMA H. HIGGINS, R. N., of the American Church Mission in Wuchang, China, writes of her work in the Elizabeth Bunn Memorial Hospital:

Two years have been spent in studying Chinese, preparing to teach the pupil nurses in their own language. Our school will not be open before Christmas. The Wesleyan Mission has a very good training school and their experience has been most encouraging. Their nurses are much liked by the doctors and foreigners for whom they nurse, they are gentle, capable, and exact, making very good private nurses. All they need is some one to train them thoroughly. The Chinese young women are just beginning to appreciate the opening which gives them independence, but doctors and nurses are very few, they come out slowly, and for lack of these, hospitals cannot be opened and work does not enlarge. It is an intensely interesting field and a work that will go on long after we are dead, along with the schools of western medicine which are opening. It is quite worth the sacrifice of leaving home. There is no other sacrifice, for we have houses, food and clothes, just as at home. The climate of this Yantstse Valley is not bad, with reasonable care and a willingness to take advice. During the hottest and worst months of the summer, July and August, we have two months in the mountains.

This is not a plea for nurses for our own Episcopal Mission alone. Every denomination is calling for nurses for its mission stations, but we want those who can teach others to nurse, so that the Chinese nurses will be started right, ready for the time when they decide to depend on themselves instead of on the foreigner.

Readers of this department will be interested in seeing among the marriage announcements on another page, that of Miss Maddock, of Wuhu, China, to Dr. Hart, of the same place, whose assistant she has been and will continue to be.

Our most recent news from Wuhu is as follows:

The idea of training boys as nurses is growing popular and we can choose much better now. Two days ago a youth appeared asking to be trained. He gave his age as twenty-five, on being told that he was too old he shifted to seventeen. This brought a decidedly negative reply, as we told him there was no room for prevaricators. Nothing daunted he returned yesterday with a huge red and white envelope enclosing a letter from a former minister to the United States from China. He discovered to his regret that influence does not weigh against honesty.

The water problem is a constant one here, and probably the tea habit saves millions of lives every year, as it insures the boiling of water. A missionary

friend telling her children the story of Ishmael and Hagar tried to make the finding of the spring the climax. It fell on unsympathetic ears however, as the little ones suspecting this to be but the irony of fate exclaimed, "But they had no filter."

Our most pressing need is the fitting out of a laboratory for Doctor Houghton to carry on bacteriological work. That there is a vast unworked field here, medical men at home thoroughly realize. The cause and prevention and cure of many of the dreaded oriental diseases is to be discovered very largely in the mission hospital laboratory. The Panama Canal zone has been robbed very largely of its terrors by the man with the microscope. Who can say what the bacteriologist will do for China's, and because of our intimacy, for America's safety? Five hundred dollars invested in scientific research may reap an incalculable harvest.

From a personal letter received from Miss Whitely, who is stationed at Porto Rico in a Presbyterian Mission Hospital, we make the following extracts of general interest:

It is not necessary to tell you that a hospital is a busy place; it is always so here, and there are difficulties to contend with that are a little different from those in hospitals at home. The lack of perseverance and ambition are two of them, found in both nurses and servants. I have just returned from a two weeks' tour of the island and after seeing some of the homes of these two classes of people, I marvel that they are ever trained to be anything.

There are three American nurses here. Miss Ordway, the superintendent, has taught in mission schools on the island and in Mexico, so she is well acquainted with the language and characteristics of the people, which it not only a great help to her but to the rest of us. We have only one text-book in Spanish and that is an anatomy and physiology. It is difficult to get many desirable applicants for the school. Some are unable to take any sort of a course, for they lack even ordinary intelligence, others have proved morally unfit. At present the class is more promising. Although the students are sometimes unreliable and very exasperating, one cannot help growing fond of them, for they are very kind and affectionate as well as high strung and passionate. One of the nurses finished a two year' course in July and another will come to the end of her time in January. After that there will be a long period before another class will go. They have never had any examinations or anything made of their graduation, so later we are going to have a little reception that the others may have something to look forward to.

All speak Spanish except two, so the work has not been easy, trying to teach them with the little Spanish we have acquired and with a poor interpreter.



"No marvel Christmas lives so long;
He never knew but merry hours."

NOTES ON RED CROSS NURSING

MANY nurses seem to feel it a great responsibility to enroll for Red Cross service, for the reason that they are expected to answer emergency calls at short notice. It will be seen under the information for enrollment of nurses in New York State (paragraph 2) that nurses unable to respond to the first call because of a professional engagement must signify their willingness to respond to a later call at a definite date. This might possibly have been worded with even more elasticity because, of course, the Red Cross would never demand that a woman should leave a responsibility which required her personal attention even though the emergency were great, but it is of the utmost importance that the committee should have a large list of nurses to call upon, so that in an emergency there would always be some that could respond to the first call.

The New York committee has also decided to enroll dietitians for hospital service. Miss Corbett, the dietitian of the Department of Charities in New York City, was suggested for membership on the Nurses' Committee, in order that proper rules might be compiled for the enrollment of dietitians.

It may be of interest to know that the California Branch now has one hundred and eighty-eight nurses enrolled; the District of Columbia has thirty-seven nurses enrolled; and the New York State Branch now has twenty-one nurses enrolled, and one dietitian; and has eight or more applications which have not yet been considered.

In order to arouse greater interest in Red Cross nursing it has been suggested that the subject should be introduced into the training schools of New York State, that the pupils shall be properly instructed in the history of the Red Cross movement, its development in the different countries of the world, and the important place that nurses are to occupy if the Society is to attain to its full extent of usefulness.

No better subject is before the alumnæ associations for winter study than that of the Red Cross. Lectures can be arranged for or printed matter secured by sending to the different state headquarters or to the office of the National Red Cross in Washington, District of Columbia.

We give below rules for enrollment in New York, also resolutions adopted by the Executive Committee of the American National Red Cross, October 18, 1907, all of which is instructive and suggestive for alumnæ programs.

Enrollment costs nothing and it places the volunteer in the honor

class of nurses. We should have five thousand Red Cross nurses in the United States before the end of the coming year. Do it now.

ENROLLMENT OF NURSES

AUTHORITY.—The enrollment of nurses in the New York State Branch is under the joint authority of the State Nurses' Committee and the subdivisions, subject to the general regulations of the national organization.

SERVICE AND REMUNERATION.—Enrolled nurses are called upon for services in the order of their enrollment. Nurses unable to respond to the first call, because of a professional engagement, must signify their willingness to respond to a later call at a definite date. They may be either volunteer or paid. The remuneration for paid service is the same as in the United States Army—forty dollars (\$40.00) a month in the United States; fifty dollars (\$50.00) in foreign countries, together with transportation and maintenance.

NO FEE.—There is no fee for the enrollment of nurses.

MEMBERSHIP OPTIONAL.—The Red Cross nurse may also become a member of the American National Red Cross by joining the local branch, for which dues are one dollar (\$1.00) a year. The membership is, however, entirely optional with the nurse.

APPLICATION.—Nurses desiring to be enrolled for Red Cross service should apply by letter to the office of the "New York State Branch of the American National Red Cross, No. 500 Fifth Avenue, New York City," or to the secretary of their local subdivision, asking for a copy of the "Rules for the Enrollment of Nurses" and for an "Application Blank."

RULES FOR ENROLLMENT.—These rules require (1) State registration; (2) references; (3) minimum age limit of twenty-five years; (4) physician's certificate of health; and (5) approval by a member of the Nurses' Committee after personal interview. If these requirements can be fulfilled, the nurse should fill out the application blank fully and explicitly and return with the papers required by the rules to the State office.

If the other requirements are satisfactory, the nurse will receive notice to call upon a member of the Nurses' Committee.

CONTRACT AND CERTIFICATE.—Having received this final approval, the nurse will be given a nurse's agreement to sign and a certificate as a Red Cross nurse. Enrollment as a Red Cross nurse holds good, subject to the renewal of physician's certificate of health every two years, until the nurse files notice in writing of withdrawal from enrollment.

THE NURSE'S BADGE.—At the time of enrollment, every Red Cross nurse is given a Red Cross nurse's badge, the number and name engraved on the back. Under the Act of Congress incorporating the Red Cross, this badge cannot be worn by any one else. The badge is owned by the American National Red Cross, and at no time becomes the property of the nurse. It should be worn on the front left hand side of the collar. In case of withdrawal from enrollment, the Red Cross nurse's badge and certificate must be returned.

THE BRASSARD.—The Red Cross brassard consists of a red cross on a white arm band, and is worn on the left arm. The brassard can be worn only in time of official active service in the field. Brassards are furnished and owned by the American National Red Cross.

THE ENROLLMENT OF ADMINISTRATIVE NURSES.—Superintendents of experience may enroll for administrative work under the same general rules as those which govern the nurses. A special blank will be furnished for such enrollment.

APPLICATION FOR GENERAL NURSING SERVICE

1. Name in full:
2. Address:
3. Telephone number:
4. Age:
5. School:
6. Date of graduation:
7. Are you registered and in what state?
8. Do you enroll for paid or volunteer nursing services in the Red Cross?
9. What experience have you had since graduation, in private, institutional or district nursing; in sanitary inspection, in epidemics, and in investigation for giving discriminate relief?
10. References.

RESOLUTIONS ADOPTED BY THE EXECUTIVE COMMITTEE OF THE AMERICAN NATIONAL RED CROSS, OCTOBER 18, 1907.

WHEREAS, By international agreement in the Treaty of Geneva, 1864, and the revised Treaty of Geneva, 1906, "the emblem of the Red Cross on a white ground and the words Red Cross or Geneva Cross" were adopted to designate the personnel protected by this Convention, and

WHEREAS, The Treaty further provides (Article 23) that "the emblem of the Red Cross on a white ground and the words Red Cross or

Geneva Cross can only be used whether in time of peace or war, to protect or designate sanitary formations and establishments, the personnel and material protected by this Convention," and

WHEREAS, The American National Red Cross comes under the regulations of this Treaty according to Article 10, "volunteer aid societies, duly recognized and authorized by their respective Governments," such recognition and authority having been conferred upon the American National Red Cross in the Charter granted by Congress, January 5, 1905, Sec. 2, "The corporation hereby created is designated as the organization which is authorized to act in matters of relief under said Treaty," and, furthermore,

WHEREAS, In the Revised Treaty of Geneva, 1906, in Article 27, it is provided that "the signatory powers whose legislation should not now be adequate, engage to take or recommend to their legislatures such measures as may be necessary to prevent the use by private persons or by societies other than those upon which this Convention confers the right thereto of the emblem or name of the Red Cross or Geneva Cross,"

BE IT RESOLVED, That the Executive Committee of the American National Red Cross requests that all hospitals, health departments and like institutions kindly desist from the use of the Red Cross created for the special purpose mentioned above, and suggests that for it should be substituted some other insignia, such as a green St. Andrew's Cross on a white ground, to be named the "Hospital Cross," and used to designate all hospitals (save such as are under the Medical Departments of the Army and Navy and the authorized volunteer aid society of the Government), all health departments and like institutions, and, further,

BE IT RESOLVED, That the Executive Committee of the American National Red Cross likewise requests that all individuals or business firms and corporations who employ the Geneva Red Cross for business purposes, kindly desist from such use, gradually withdrawing its employment and substituting some other distinguishing mark.



"With angels therefore sing again,
To God on high all glory be;
For peace on earth bestoweth He
And showeth favor unto men."

THE NURSE'S VISION

Composed at the death-bed of Mary Anthony. Miss Shanks attended both the Anthony Sisters in their last illness.

WATCHING by a dying bedside
At the quiet hour of dawn,
I was wearied with my vigil,
As the hours crept slowly on,
And the burden of earth's sorrow
Hovered o'er my spirit, when
I beheld a wondrous vision,
Seldom given to mortal ken.

Heaven's portals opened widely
To receive a glorious band—
Troops of youth and little children,
Gathered close to Christ's right hand—
And His gracious welcome sounded
Through the shining halls within:
"I am waiting to receive thee.
Little children, welcome in."

Entering through another portal
Came an aged pilgrim band.
Worn and faltering seemed their footsteps
Ere they reached the better land.
"Well done, good and faithful servants,
Wear the crown which thou hast won."
'Twas God's voice that gave the welcome
From the earth to Kingdom Come.

And my soul was filled with longing
For that Heavenly Home so bright,
Where our Father takes the aged
When they pass beyond our sight.
All earth's sorrow dropped beneath me
As I heard the children sing:
"Glory be to Christ our Saviour!
Hallelujah to the King!"

MARGARET A. SHANKS.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

HYDROGEN DIOXIDE TAMPONS FOR EPISTAXIS.—*The New York Medical Journal* says: Lemoyez (*Le Scalpel*, through *Lyon médical*), reported an obstinate case of epistaxis, which had resisted hot irrigations, and ferric chloride, but which had ceased promptly after the introduction into the nostril of tampons of absorbent cotton moistened with hydrogen dioxide. They were renewed three times and the bleeding stopped in ten minutes. The bactericidal effect is important, as well as the hæmodynamic.

A NEW METHOD OF ARTIFICIAL RESPIRATION.—*The New York Medical Journal* in an editorial says: At the Seventh International Physiological Congress, Professor E. A. Schaefer, of Edinburgh, demonstrated his new method of performing artificial respiration in man, which appears to be better than the older methods that are ordinarily practised. In this procedure, which is especially valuable in the resuscitation of the apparently drowned, the person, on removal from the water, is instantly laid prone (face downwards) on the ground, the head being allowed to fall downward and somewhat sideways, with the tongue naturally protruding partly from the mouth. No manipulation of the tongue is necessary. The operator kneels by the side of or across the hips of the patient, places his hands flat upon the back over the lowest ribs, and with the weight of the body presses firmly and gradually so as to expel the contents of the lungs. On his relaxing the pressure, which he does by swinging his body slowly up without removing the hands, the chest of the patient resumes its former dimensions and fresh air is thereby drawn into the lungs. These movements of pressure and release are repeated about every five seconds, not oftener. The amount of air which in this way can be expelled by pressure from the chest and reintroduced by the elasticity of its parietes is never less than 500 c.c. and may attain 1,000 c.c. or more with each respiration. By repeating the movements twelve times a minute an air exchange of from 6,000 to 12,000 c.c. can readily

be effected, which is more than enough to constitute efficient respiration. The method has already been tested with success in cases of drowning, and those who saw the demonstrations made by Professor Schaefer on the passive living subject were impressed with its simplicity and its efficiency. It should be preferred to all other methods in attempting the resuscitation of drowned persons, and should be given a prominent place in courses of ambulance and first aid instruction.

DIPHTHERIA ANTITOXIN IN HAY FEVER AND ASTHMA.—*The Interstate Medical Journal* has the following: Reuter (*Proceedings of the Oregon State Medical Association*).—The author used antitoxin in sixty cases of hay fever and asthma in repeated doses of 2,000 to 3,000 units. Fifty-one patients were cured; fifteen cases caused by diseases of the heart, kidney or liver, and tuberculosis, were not benefited; four other cases were only temporarily relieved. Smith used antitoxin in several cases and believed that 60 per cent. of asthmatics can be benefited. He believes that when failure occurs with this treatment it is due to emphysema and other destructive processes of the lung. Gillespie reports good results in two cases. Pierce used it in twelve cases with more or less success. He thought most relief was gained in neurotic cases of asthma with anemia.

THE ODOR OF IODOFORM.—*The Practical Druggist* makes this suggestion: To remove the odor of iodoform from the hands, mortars, etc., rub a small quantity of tannic acid on the object to be deodorized. Wash well, and the odor will immediately disappear.

INGUINAL TEMPERATURE IN INFANTS.—Dr. Albert H. Parks (*Journal of the American Medical Association*) has made a careful study of methods and reliability, and finds that if the thermometer be left *in situ* seven minutes:

a. The normal temperature of the closed inguinal fold of a child is 98.52 F. (37.5 C.).

b. The variation of the inguinal temperature from the rectal temperature approximates one-third of a degree F. or two-fifths of a degree C., the average variation being .34 F. (.18 C.). That is, the inguinal temperature is approximately one-third of a degree F. (two-fifths C.) below rectal temperature.

c. The usual variation between the temperature of the rectum and groin is so small as to be practically disregarded for clinical purposes.

d. The absence of many objectionable features of the rectal method and the ease and reliability of the groin method gives the latter several points of advantage over the rectal method. These advantages of the groin method would recommend it not only as applicable in hospital practice in pediatrics, but more especially in home practice among children.

THE TEMPERATURE OF NURSLINGS.—*The Interstate Medical Journal* says: Nobecourt and Merklen (*Rev. Mens des Mal de L'Enf.*) have studied a series of cases to determine the normal temperature curve in nurslings. They find that the infant does not present the line of variation commonly seen in the adult, even in health. The infant has a monothermal temperature, with little variation in the morning and evening. This monothermal temperature is constantly found in normal infants at least up to the fifth month in life. Interference with this regular line betokens always a pathological condition.

FATAL DIPHTHERIA.—*The New York Medical Journal*, in a synopsis of a paper in *The Lancet*, says: Harris has observed that in certain forms of diphtheria a fatal ending can with certainty be predicted. The symptoms presented by these cases are as follows: 1. A grayish color of the face, which also presents an anxious expression. 2. Vomiting, which is independent of food and unaccompanied by nausea, being like cerebral vomiting. 3. Abdominal pain, referred to the umbilicus, nearly always present, and sometimes very severe. But there is no abdominal tenderness. 4. Albuminuria is generally present, and often to a high degree (from one-sixth to one-quarter). There are no tube cases. 5. Suppression of urine is the rule. 6. Alteration in the rhythm of the heart sounds appears after the vomiting has set in. One sound is reduplicated, thus giving the gallop rhythm. The patients are generally very restless and consciousness is maintained until the end. The membrane in the throat is very dark colored and the smell of the breath is most offensive. The writer has seen eight such cases in the last two years, all proving fatal. Antitoxine had not the slightest effect on these cases, 6,000 units being the usual dose. Smears from the throat show large numbers of streptococci and staphylococci associated with diphtheria bacilli. To explain the failure of antitoxine, it is suggested that there may be more

than one kind of diphtheria bacillus, each producing a specific toxine which requires a special antitoxine.

THE SURGICAL TREATMENT OF TYPHOID PERFORATIONS.—Dr. Joseph Price, of Philadelphia, at a meeting of the American Association of Obstetricians and Gynecologists, said that nearly all the perforations of the bowel were within about the first twelve inches of the ileum. Typhoid and other perforations were always followed by peritonitis, local or general. The possibility of its remaining local or circumscribed by adhesions should not be considered if the diagnosis of perforation had been made. In more than seventy-five per cent. of the cases recorded general septic peritonitis had been found, with escaping bowel contents, gas and fæces, foul pus, and free exudate in considerable quantity. Generally the perforations were easily and quickly found near the ilio-cæcal valve; they were rarely multiple or ragged, and whether they were of large or small calibre, fine pure silk was the safest material with which to close them. A resection of the bowel was an unjustifiable and dangerous procedure. Successful operations on typhoid patients had been done in the midst of low, alarming abdominal conditions, muttering delirium, and subsultus.

SEPARATE NURSING AND ISOLATION IN TYPHOID FEVER.—E. P. Joslin and C. L. Overlander, writing in *The Boston Medical and Surgical Journal*, believe the time has come when typhoid patients should be treated in separate wards in our hospitals, with their own attendants, who should not mingle with other patients. They note that the present method of mixing them with other diseases leads to a spread of the infection, quoting Schuder to the effect that three and three-tenths per cent. of all typhoids are the result of hospital infection. Nurses frequently contract the disease. Statistics collected from six Boston institutions over a period of four years and embracing nearly 3,000 cases of typhoid show that for every 114 cases treated one nurse came down with the disease. They declare that, considering the dangers nurses now run, under no circumstances should a "probationer" ever come in contact with a typhoid case. Typhoid nurses should not be overworked and the greatest pains should be paid to the health of night attendants. In all the American hospitals there are enough fever cases to insure the proper training of nurses. They deny that it is in any respect harder to care for several typhoids at once than for both typhoids and non-typhoids. On the contrary, it is far simpler to do strictly typhoid or

non-typhoid nursing. The typhoid utensils will all be found in one place, supplies will be made and procured in bulk and thus many duplicate steps saved. The concentration plan of nursing typhoids should easily lessen by one-half the number of days of a nurse's exposure to the disease. Separate nursing eliminates the chief danger to which other patients are exposed, as the "go-betweens" are eliminated. A given case may harm a fellow-typhoid from proximity, but the danger is far less than that of giving the disease to a neighbor weakened by some other malady. Isolation of typhoids was made compulsory in Germany two years ago. The knowledge of a nurse that she is detailed for strictly typhoid duty leads her to be far more careful as to precautions for her own protection.

TREATMENT OF HEADACHE.—*Annals of Gynecology and Pediatrics* says, quoting from *The Therapeutic Gazette*: In that type of headache which depends for its existence chiefly upon nervous exhaustion, rest in bed with massage, the administration of tonics, and the support of a tired heart by small doses of digitalis are usually advantageous. In many of these patients as soon as they become strong enough to react, hydrotherapeutic measures are exceedingly advantageous. In the early stages if there is cerebral congestion, a general hot pack, and an ice-bag applied to the head, may be useful. Afterward a cold drip-sheet may be thrown around the patient for a moment.

THE TRANSMISSION AND CURE OF CANCER.—In a paper on this subject, read at a meeting of the Medical Association of the Greater City of New York, Dr. William Seaman Bainbridge made a vigorous protest against the idea, which, he said, seemed to be rapidly gaining ground, that cancer was an infectious disease, readily capable of transmission. So prevalent was this opinion in the community that he had known of a number of instances in which nurses had flatly refused to take charge of cancer cases, on account of the supposed danger to themselves. For this condition of affairs the men of the Buffalo school were largely responsible. He regarded it as most unfortunate, and thought it was the duty of the medical profession to endeavor in every way to check this unnecessary alarm. Up to the present time there had been no proof whatever advanced of the transmissibility of the disease, and the promulgation of such a doctrine could not but be attended with much evil. As to the curability of cancer, the facts were constantly accumulating to show that with an early and radical operation the chances were excellent for the future health of the patient.

CONSISTENCY IN ASEPTIC SURGICAL TREATMENT.—At a meeting of the American Association of Obstetricians and Gynecologists, Dr. James E. Sadler, of Poughkeepsie, N. Y., said that operators of equal ability and surgical technique had widely different mortality rates, and asked the question whether at least a portion of this difference might not be due to consistent asepsis on the one hand and inconsistent asepsis on the other.

FOR A KOCH INSTITUTE.—*The Medical Record* says: A committee has been formed in Germany, with the Prussian Minister of State as chairman, for the purpose of collecting funds to found an institution in honor of Dr. Robert Koch, on a plan similar to that of the Pasteur Institute in Paris and the Lister Institute in London. It is intended that the institution shall be devoted to research into the means of checking the diffusion of tuberculosis, and that it shall be a permanent memorial of the discovery of the tubercle bacillus by Professor Koch twenty-five years ago.



“ For unto the faithful soul
Every morn is Christmas morn,
In his soul we may be sure
Day by day the Lord is born.”

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE BORDEAUX SCHOOLS OF NURSING

WITHOUT a doubt, one of the most important landmarks in the modern history of hospitals and nursing was the thesis presented by Dr. Anna Hamilton to the faculty of the University in Montpellier, when, her medical course of four years or more completed, she presented herself for her degree in medicine.

This thesis is really a history of nursing, orders and systems, a volume of considerable size (8° 335 p.), richly illustrated, containing a copious bibliography, and, at the time of its presentation, was the only serious, extensive, and adequate history of the kind in existence, compared to which the few outlines or accounts of nursing orders published were slight in plan or restricted in scope. Beginning with an outline of the care of the sick in Pagan and early Christian times, it ends with a careful and critical study of all the different nursing systems as found at the present time, with keen and just comparative examination of the merits of the different forms of nursing education and organization, and no little scientific dissection and exposure of faults and abuses as found by research. Unfortunately for the general public, this noteworthy book (for such it is), being a professional thesis, could not be treated as a book. Only 500 copies were printed, and even these not for sale, so that it is now only to be found in libraries.

The Johns Hopkins Training School library is fortunate in owning an autograph copy. It is the only copy in America that I know of, unless the Surgeon-General's Library possesses one.

But even more unusual than this thesis was the way of its writing. Dr. Hamilton has taken up medicine with a deeply earnest—even religiously earnest—desire to relieve suffering. But in the course of her hospital service (every medical student in France has hospital service, and women on the same equality with men) she saw so much that was revolting, wrong, and almost inhuman in the details of the daily care and routine treatment of the patients, that she was seized with a tem-

porary horror of medicine, and almost decided to abandon it. Medicine, as she saw it displayed in hospitals, showed only its gruesome aspect, for the patients were simply regarded as so much material for investigation and experiment; there was no nursing as we know it; medical students were callous and immoral; the servant-nurses oppressed and untaught; the nuns, strange to say, neither exerted any restraining influence over the students and junior medical staff, nor any protective care over the patients, nor any moral or educational help for the servants and lay nurses. When horrors occurred, they simply tried not to see.

Dr. Hamilton decided to study the conditions of nursing generally, for it seemed to her that in the daily care given to the patients lay the solution of the vexed problem and the gentle side of the medical science. If this could be organized on a system moral, tender, and intelligent, then medicine would be entirely beneficent.

She announced her intention of making her thesis on Hospital Nursing. Her friends and relations were nonplussed. Some were secretly mortified at her selection of a common and unworthy theme. It was almost like selecting the scrubwoman or the scavengers. Others thought she was crazy, while all anticipated a humiliating failure. These forebodings were intensified when her researches occupied a whole year. "What! Is your thesis not ready? What! A whole year to study about nursing?"

Dr. Hamilton studied her subject in libraries, and in hospitals, at home and abroad. She went to England and examined carefully, with approval and admiration that has never faltered, the humane, considerate treatment of the patient and the refined and beautiful nursing of the English Sisters.

The Matrons as a rule showed warm sympathy with her quest, and gave her the freedom of the wards. She spent a number of weeks there, going every morning at seven o'clock to the wards and remaining all day, watching the nurses as they did their work.

There was great excitement in Montpellier when the day approached for the decision of the judges on the thesis on nursing, which was understood to be dangerously radical, suspiciously free-thinking—the questionable ideas of an advanced woman. Upon the platform Dr. Hamilton was to read a synopsis of it, while in their sanctum a jury of professors was to pass upon its merits and give it either an honorable or a humble pigeon-hole for posterity. The chief judge had read it previously, and had declared it was impossible. It could not be presented. It would have to be entirely re-written. "Very well," said Dr. Hamilton, "I will re-write it." At this, of course, as men do (their bark being worse than

their bite) he relented, changed the name, took out a little anecdote about the pope, crossed out a few lines and became its firm friend. Only one jurymen remained fixedly opposed to it, but although he labored long and hard, a complimentary verdict was at last given. This is the story of Dr. Hamilton's thesis, which I think one of the most stirring little stories in medical annals. Dr. Hamilton took charge of the hospital which she directs (her position is what we would call superintendent of the hospital) and reorganized the nursing as she has related in her account of the work. She brought a hospital trained nurse from England to take charge of the nursing—Miss Elston. It is one of those strange coincidences that seem like mind-waves that, almost at the very time when she wrote to the London Hospital to ask for a nurse, Miss Elston, a London Hospital graduate, who had always had her heart set upon France, wrote to Dr. Hamilton—knowing nothing of her inquiry, but having seen her name in a medical mission journal which related a little of her work.

So it happened that Miss Elston came to Bordeaux, and, after having trained a crop of young prospective training-school superintendents, she was offered and accepted the organization of the second Bordeaux school, that in the Tondu Hospital. These two schools now rank with any, in any country, for careful, thorough, enlightened methods of teaching and training, and for excellent work. Every pupil learns hospital economics and administration, as well as nursing, for both Dr. Hamilton and Miss Elston have the teaching instinct and understand making every turn of the daily wheel a field for practical instruction. They are altogether admirable, and even in these few years' time have sent a surprising number of women into the work of hospital reformation in other towns. Like the early St. Thomas's, the graduates are imbued with the ideal of hospital work, and every year nursing missionaries go forth, sometimes several at a time into one hospital, enough to form its whole supervising staff, and the work they find waiting for them is exactly such as the early Nightingale nurses found, or the first pioneers in our own country.

Dr. Hamilton is in perfect accord with Miss Nightingale in all the principles of successful nursing organization and ward management, and has given a demonstration of their truth. Precisely as Miss Nightingale did in her earlier days, so Dr. Hamilton loses no opportunity of reiterating and explaining these principles. She is preëminently the standard-bearer for France of all that Miss Nightingale stood for in her reforms in English hospitals.

These questions are still distinctly controversial in France, so that

every word in Dr. Hamilton's written articles, though they may seem to us well-accepted axioms, strikes a weak spot in some one else's armor here. An especially lively tournament was the Third National Congress of Public and Private Charities, held at Bordeaux in 1903. Here Dr. Hamilton read an admirable paper on the proper training of nurses and the correct mode of ward organization, summed up in the following conclusions. 1. Good results in training nurses can only be had by selecting women of education. 2. The professional education of a nurse cannot be given by lectures only. It consists preëminently of training in hospital wards, where, under the direction of skilled head nurses, the pupils perform the entire task of nursing while passing regularly from one service to another. 3. Theoretic instruction should be simple and should accompany the practical work. 4. The diploma should not be granted on the theoretical examination only, but chiefly upon the record of practical ability. 5. The nursing staff (graduate head nurses as well as pupils) must be placed under the exclusive authority of a *woman*, trained in nursing herself and who is endowed with the authority necessary to secure respect to the staff under her charge.

It is on this last point that the swords clash and the blood flows. Strange as it seems, the directors and physicians of Europe quite generally draw a line between the head nurses and the pupils in training. They are willing to see a woman placed in charge of the latter, to teach and supervise them *in the school*, but they cannot tolerate the thought of having her go, with authority over *all* the nurses, *into the wards*, where they now reign supreme.

Thus in summing up the various reports on nursing read at the Congress mentioned, M. Sabran said: "I share Dr. Hamilton's belief that a trained woman, a directress, should be placed over the pupils in the school, but I cannot agree that she should have any authority whatever outside of it; still less can I conceive of her having authority over permanent nurses in the wards, as Dr. Hamilton desires she shall have."

One distinguished exception to this general rule is Dr. Lande, of Bordeaux. This unusual man of force and liberality, who is a physician, a member of the faculty of the university, an administrator of the civil hospital of Bordeaux, and who has also served in a civil capacity as Mayor of Bordeaux, was the power who placed Miss Elston at the head of the Tondu Hospital, where she is the chief executive officer as well as the head of the nursing.

When one looks into Germany, Italy, Denmark, Holland, to find an instance where a medical official has placed a nurse at the head of a hospital, one looks in vain, and realizes that Dr. Lande is unique.

A feature of the Bordeaux schools that is especially worth noting is the way that they avoid the pitfalls of theoretical examination. Throughout the two years' service a careful system of marking the pupils for practical ability and for desirable characteristics such as gentleness, tact, presence-of-mind, etc., is followed, and pupils whose actual ward work is not up to the mark are not admitted to the theoretical examinations of the first year. The final examinations include both theory and demonstrations, and here, again, the balancing of marks is so arranged that a nurse with good practical standing *cannot fail*, even if she does not do herself justice in the theoretical papers.

A very excellent detail which I saw both in Mlle. Chaptal's private nursing school and in these in Bordeaux is the record which the nurse takes away with her. It is, in fact, a "time-book," wherein is set down with minute detail every day of her service—where and how spent. The operations she has assisted at and births she has seen are all shown. It is an absolutely perfect record of her training, and I recommend it to our Boards of Examiners, who complain that they often find such records imperfectly kept.

The uniform of the Bordeaux schools is a very charming orthodox nurse's uniform, clear blue (but of linen, not cotton), of pretty cut, the aprons especially pretty. The sleeves are in two parts, and the half forming the long tight-fitting cuff buttons on to the upper full puff, which is made with a drawing-string or a rubber band, so that when necessary to have bare arms a very dainty short sleeve appears, a far prettier effect than turning back the cuff. The Bordeaux schools have been able to do what we have always wished for in America—they have patented or copyrighted their costume so that it may not be worn by pretenders.



“The Christmas bells so soft and clear
To high and low glad tidings tell,
How God the Father loved us well.”

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: May I make some small correction of a statement in Miss Cole's article in the October JOURNAL?

Although Old England has right to feel proud of her relation to the Bordeaux Schools, yet it is rather too sweeping to say that these schools are "under English management." Dr. Anna Hamilton, who created the first model and modern school for nurses at the Protestant Hospital in Bordeaux, had an Irish father and French mother. She was born in Italy, but has never lived in England; has been educated, studied medicine, and has done all her work in France. On account of her Italian birth she became naturalized as a French citizen.

Miss Elston, the head of the Tondu Hospital, is English, and was trained at the London hospital. She has, however, some French heritage in her ancestry, and spent a year or so in the Protestant Hospital with Doctor Hamilton, as Directress of Nurses. She there perfected her knowledge of French and became thoroughly conversant with French hospital management.

Those hospitals of the provinces, whose nursing has "sprung from Bordeaux," and which I intend describing later, are all under the charge of young French women of education and refinement who have, with few exceptions, been trained at Bordeaux. The most striking exception is Mlle. Luigi, at Béziers, who was also trained at the London Hospital. It would, however, be highly erroneous to suppose that these hospitals had "no bearing on the subject of French nursing." I am describing the Bordeaux schools in this JOURNAL.

L. L. Dock.

DEAR EDITOR: The discussions concerning the decrease in the number of probationers, which the JOURNAL has published, have aroused considerable interest. But the article, about which I would like to speak, is the one which appeared in the June JOURNAL. This shows a condition of affairs, which I can scarcely believe exists in very many hospitals of the present day.

The author has spoken from her own personal experience, so in answering her, I may be permitted to do likewise. I have visited nearly every hospital in Greater New York and graduated from one of these. In some hospitals there might exist one or two of the drawbacks mentioned, but in no one case were they all found.

One of the reasons given for the lack of probationers is that nurses are obliged to lift heavy patients unaided. This we were forbidden to do. If we did so it was at our own risk and probably because we were too impatient to wait until help was available. We were taught how to lift, so that a minimum strain came on us and the patient was instructed how to aid us for the best.

The maintenance of strict military discipline, especially on duty, is very desirable and how it could tend to narrow the nurses, I fail to see. If a few short months in the position of senior nurse develops "an overbearing and unsympathetic manner," that characteristic, in all probability, was existent before, only waiting a favorable opportunity to show itself.

We find a great many training schools have comfortable nurses' homes and those that have less enviable quarters realize that such conditions exist, not because the officials are careless of the comfort of the nurses, but because they lack the means to better them.

That a nurse's hours are long, I admit, but if we were ever called upon to stay up most of the night, after being up all day, we always had the following day to sleep. As a rule, our time was from seven A.M. to seven P.M., with two hours off for rest and recreation. We also had a half-day off each week and on Sundays and holidays. After a term of night duty we were given several days to rest—a half day being allowed for every week spent on night duty. I have never known our nurses to be deprived of recreation hours for trivial faults and cannot believe there are many superintendents who would stoop to this means of reproof. Because we come across one or two such cases, should all superintendents be branded alike? In most cases their chief aim is the comfort and care of the nurses. If, at times, there was an unusual amount of work in one ward, our supervisor would send sufficient nurses, so that no one need be deprived of her recreation hours. And, if at any time the work was diminished, the nurse-in-charge was given permission to arrange for longer hours of rest for the nurses under her. These are the "tricks" which I think will be found predominant in most superintendents.

Another complaint is that nurses are sent on private cases in their second and third years, the hospital receiving the compensation. Is this fair? How could it possibly be arranged otherwise? Why should those

who received many or long cases accept the compensation, while their fellow-workers at the hospital receive nothing for their services, although they may be having harder duties? But I think that most hospitals find plenty of work for their nurses within their doors and cannot spare many for outside cases.

If cases of venereal diseases came under our care—the doctor always insisted that a basin of bichloride solution should be kept near the bedside of the afflicted patient, so that a nurse could immediately disinfect her hands after giving the needed care. In very severe cases we protected our hands with rubber gloves.

I have not expressed my opinion as to the reason of the shortage of probationers, but before closing I would say that a person giving to the public such narrow opinions as were expressed in that article is responsible for far more than any one would care to assume. Even if the statements which she makes concerning her own school were true, will the blazoning of the faults of her Alma Mater before the public, in any way expiate her wrongs or make the hospital officials any more considerate of their undergraduates. Because her own experience was not pleasant, why place all hospitals on the same level? Instead of discouraging applicants, rather inquire into conditions in other hospitals—choose the best and say: “Here is a good field for your labors. Here you will receive the best training under the most pleasant circumstances. Give this institution of your best and it will give a thousandfold in return.” For it is indeed true in our profession that he who loses his life in his work gains life indeed.

A. GRACE SCOTT, R.N.,
Private Nurse.

DEAR EDITOR: Having a knowledge of what the title of R.N. means to the nurse, and to the public, I fail to see the necessity of having vouchers for character, etc., when one wants to enter another field of nursing, and join a club or registry. If a nurse has the right to the title of R.N., what better recommendation would she want?

If a nurse can prove she is a state registered nurse, I should think that would be sufficient. Many times a nurse desirous of nursing in a large city does not know a single nurse in that city, but the rules of the registries or clubs are, that two or three members must vouch for her. I believe the title of R.N. ought to be sufficient to admit her to any club or registry.

J. K.

A SUGGESTIVE ACCOUNT OF A CHRISTMAS ENTERTAINMENT

CHRISTMAS EVE fell clear, cold and star-lit. The very air seemed full of joyous mysteries about to be revealed, and we could almost hear the far away sound of tiny sleighbells, and see, once again, in imagination the Santa Claus of our childhood dashing over the housetops.

The late eve found us all assembled in our Nurses' Cottage prepared to appropriately observe the advent of the coming day.

First we united in singing the old and ever lovely hymn, "Hark the Herald Angels Sing!" but were ruthlessly interrupted at the end of the first verse by the ubiquitous telephone which was unfortunately side by side with the piano. Thus it ever is with the trained nurse, or perhaps more correctly speaking, the nurse in training, her pleasures must ever be subservient to duty.

After the hymn was ended, a member of the class of 1907 sang very delightfully "A Dream," by Bartlett.

This was followed by "The Reveries of a Bachelor," in which the Bachelor, tired after a long hunt, comes in to rest and falls asleep with a picture of his sweetheart in his hand. He dreams of all his past loves and as he dreamed of them they appeared in a holly-wreathed opening before him: the debutante sweet and dainty, the college girl in gown and mortar board, the breezy Western girl, the gentle red cross nurse, the dangerous and fascinating widow, the demure Quaker maid, the girl with whom he whiled away the summer months and she with whom he braved the winter snows. Then, to the music of Fan Tan came the Japanese girl with roses in her cheeks and hair, next the Dutch girl, dimpled and smiling with little white apron and cap.

The flirtatious Spanish lady; the bejewelled and stately English Duchess; "Sweet Sixteen" innocent and lovable, and then when all the other "Lights O'Love" had faded from sight, came the one true love, the bride to be, and the Bachelor awoke to greet her.

After the Bachelor's reveries were over, a chapter from "The Birds' Christmas Carol" was read by a member of the class of 1909, that chapter in which Mrs. Ruggles' elaborate preparation for the entrance of her children into high society is so amusingly described.

The program then ended with the singing of a second carol, after which we gathered about a Christmas tree which bore upon its drooping branches a gift for each one present,—from the one intended to convey to our Superintendent some measure of our affection, to the Doctor's book which went to the baby of the school.

Then came more music, (not on the program but none the less enjoyable) ice cream, coffee, and bon-bons, every person having to wash her own cup—'tis ever thus. After which we bade one another joyous good night and repaired each to her pleasant dreams. So ended our Christmas Eve, the one night in all the year when the lights burn brightly after half past ten o'clock and joy is unconfined.

STATEN ISLAND.

DEAR EDITOR: It seems to me that Miss Warner has struck the keynote of the condition in the South and Southwest. The graduate nurses of Texas have made the chartering of small schools an absolute necessity for membership in the State Association, and it is a pleasure to see the schools that are making an honest endeavor to come up to the standards. I heartily endorse Miss Warner. May she prosper and keep the ball rolling.

JENNIE S. COTTLE,
President Graduate Nurses' Association of Texas,
Fort Worth, Texas.



“ Oh sweet bells ring!
Oh glad hearts sing!
This is the birthday of a King!”

COONLY.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

A KANSAS CITY SALE

THE Kansas City Graduate Nurses are to hold a calendar and doll sale.

A BROOKLYN SALE

THE members of the Alumnae Association of the Methodist Episcopal Hospital of Brooklyn are planning a fair to be held next spring. The proceeds are to go to the graduate nurses' endowment fund.

HOSPITAL ECONOMICS ENDOWMENT FUND

THE Treasurer of the Associated Alumnae reports that the pledges to the Hospital Economics Endowment Fund are coming very slowly. Friends and subscribers to this worthy cause,—see to it that your pledge is fulfilled by January 1st, 1908.

AGNES G. DEANS, Chairman.

A MESSAGE FROM MISS DAMER

ASSOCIATIONS having membership in the Nurses' Associated Alumnae are reminded that the nominating blanks must be returned to the committee by January 1.

May I also take this opportunity of requesting any associations which may possibly desire to do so, not to place my name upon the ticket for president, as it will be impossible for me to accept the office another year.

With the most cordial wishes of the Christmas season to all our members,

ANNIE DAMER, R.N., President.

INFORMATION REQUESTED

WILL the following alumnae and state associations send to the secretary of the Associated Alumnae a report of their present membership?

Brooklyn Homeopathic; Chicago Baptist; City and County, St. Paul; Erie County; Hahnemann, Chicago; Jewish, Cincinnati; St. Joseph's, Paterson; St. Luke's, San Francisco; Maryland State; Minnesota State; and Rhode Island State Associations.

KATHARINE DEWITT, R.N., Secretary,
211 Westminster Road, Rochester, N. Y.

A SUCCESSFUL ENTERTAINMENT

THE concert and dance given at the Waldorf-Astoria, October 19, by the Lebanon Hospital Nurses' Alumnæ Association, was a great success, both socially and financially.

Through the kindness of THE AMERICAN JOURNAL OF NURSING, the alumnæ wish to extend their sincere thanks to all those who were so generous in giving their assistance toward reaching this end.

The proceeds which were \$1100 (net) have been turned into a fund for the endowment of a private room at the hospital for its sick members.

MARGUERITE CLANCY, President,
MARIE SCHMIDLING, Secretary.

THE MASSACHUSETTS GENERAL FAIR

THE Nurses' Alumnæ Association of the Boston and Massachusetts General Hospital Training School for Nurses announces that a sale of useful and ornamental articles, to secure funds in aid of a free bed for graduate nurses, will be held in the Parish Hall of Trinity Church, December 4 and 5 from ten A.M. to ten P.M.

Afternoon tea will be served and café open daily.

Special entertainment for children each afternoon at three.

Contributions for the sale may be sent to the Massachusetts General Hospital, care of Miss Dolliver, or to the following named persons in charge of tables: Miss Carlisle (fancy work), 95 Newbury Street; Miss Haggart (household), Massachusetts Chambers, Massachusetts Avenue and Boylston Street; Miss Morris (bags), 4 Brimmer Street; Mrs. Craigin (flowers), 18 Hereford Street; Miss McNab (candy), 153 Newbury Street; Miss Coombs (infants), 31 Dartmouth Street; Miss Anderson (café), Baptist Hospital, Parker Hill Avenue, Roxbury, Massachusetts; Miss Rachel Burke (cake), Tewksbury, Massachusetts.

AGNES E. AIKMAN, Secretary,
24 McLean Street, Boston.

PLANS OF THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

PROGRESS along all lines connected with the International Congress on Tuberculosis which is to take place in Washington from September 21 to October 12, 1908, was shown by the reports presented at a meeting of the Committee of Arrangements, held in New York, at the Associated Charities Building, Monday evening, October 28. Dr. Lawrence F. Flick of Philadelphia, Charman of the Committee presided, and the other members present were Dr. Joseph Walsh, Philadelphia, secretary; Dr. John S. Fulton, Washington, secretary-general; Mr. William H. Baldwin, Washington; Dr. Hermanan M. Biggs, New York; Dr. Frank Billings, Chicago; Mr. Edward T. Devine, New York; Mr. Livingston Farrand, New York; Dr. J. C. Greenway, Greenwich, Conn.; Dr. Chas. J. Hatfield, Philadelphia; Dr. Abraham Jacobi, New York; Dr. Alfred Meyer, Mrs. James E. Newcomb, New York; Gen. Geo. M. Sternberg, Washington; and Dr. Wm. H. Welch, Baltimore.

The meeting was the first held since Dr. Flick's return from abroad, and his reports of his visits to the International Conference on Tuberculosis in Vienna and to the International Congress on Hygiene and Demography, at Berlin, were interesting features of the session. More than a thousand delegates were registered at Vienna, he said, and the gathering at Berlin was quite as large. The leading men in both associations are looking forward with a great deal of enthusiasm to the meeting in Washington, next year, and about four hundred of the members of the foreign organizations may be expected to attend the Congress. The Conference selected this country as its place of meeting in 1908 just as the Congress did two years ago. The Conference and the Congress are two distinct organizations. The International Conference on Tuberculosis meets every year and keeps up a continuous organization with headquarters in Berlin. The International Congress on Tuberculosis meets only once in three years and does not maintain an international bureau in the intervals. Dr. Flick stated that at the International Conference, interest centred especially in the time-worn subject of the routes of invasion for the tubercle bacillus. It seems to have been demonstrated that the disease may be contracted by both the respiratory route, and the alimentary route. Though this does not make us much wiser in a practical way, still it is somewhat comforting to know that the respiratory route is less important than it was once thought to be. On the other hand that information is compensated by the importance of the alimentary route.

In connection with his account of the progress made in the preliminary arrangements for the International Congress on Tuberculosis Dr. John S. Fulton, the Secretary-general, reported that ten distinguished foreigners have consented to participate in the series of special addresses that are to form a part of the program. The names of these eminent specialists follow: Dr. R. W. Philip, Edinburgh; Dr. C. Theodore Williams, London; Dr. Arthur Newsholme, Health Officer, Brighton, England; Dr. C. H. Spronck, Utrecht, Holland; Dr. Karl Turban, Davos-Platz, Switzerland; Dr. Gotthold Pannwitz, Charlottenburg; Dr. Emil von Behring, Marburg; Dr. A. Calmette, Pasteur Institute, Lisle, France; Dr. Maurice Letulle, Paris, and Dr. S. Kitasato, Tokyo, Japan.

Dr. Fulton also reported that up to the date of the meeting, the Governors of twenty-three states had lent official auspices to the Congress. This not only insures official representation so far as that many states are concerned, but it insures an active organization in each of these states, that will be interested in the Congress. The states in which this action has been taken so far, are: California, Utah, Montana, North Dakota, Minnesota, Wisconsin, Illinois, Iowa, Indiana, Michigan, Ohio, Kentucky, Kansas, Tennessee, South Carolina, North Carolina, Maryland, New York, Massachusetts, Vermont, Maine, West Virginia, Missouri.

Reporting on the formation of State committees, the Secretary-general said that such committees had been appointed in nearly all of the states in the United States; that several have already organized and are earnestly at work. He reported also that replies have been received from various foreign countries in reference to the appointment of committees, and the replies indicate that the countries addressed will be represented in nearly every instance by exhibits as well as by delegates.

STATE MEETINGS

CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held at Grace Hospital, New Haven, November 6. The program was an unusually interesting one; one of its features being an address by Miss Jane Hitchcock, R.N., of the Henry Street Settlement, New York, on the subject of State Registration. Another feature was a question-box, which brought to light and explained many of the misunderstandings and misconceptions regarding the work of the State Association and of the board of examiners and their relations to each other.

A meeting of the executive board was held and arrangements made for the next meeting to be held in Danbury, Connecticut, in February, 1908.

Miss R. Inde Albaugh, president, entertained the executive board at a luncheon given in honor of Miss Hitchcock.

INDIANA.—The fifth annual convention of the Indiana State Nurses' Association met in the assembly rooms of the Willoughby in Indianapolis, September 11 and 12, 1907. In the absence of the president and both vice-presidents, the meeting was called to order by Miss Rein, the treasurer.

The invocation was by Rev. A. B. Philputt of the First Christian Church. The address of welcome to be given by Mrs. Maline Smith, president of the Indianapolis Association, was read by Miss Ott. A second address of welcome was given by Mr. C. W. Moores, vice-president of the Board of Education.

The response was made by Mrs. Fournier, ex-president of the Indiana State Nurses' Association. After her address was made, she was asked to conduct the meeting that Miss Rein might occupy her chair as treasurer.

Dr. Wynn, of Indianapolis, presented a paper upon "The Evolution of the Profession of Nursing—A Product of Specialism." This paper was of the greatest interest and brought forth free discussion, and resulted in the appointment of a committee upon "Ways and Means for doing Charity Nursing."

The minutes of the fourth semi-annual meeting were read and accepted, as were also the reports of the various standing committees.

In the afternoon of the first day came the address of Rev. Caroline Bartlett Crane of Kalamazoo, Michigan, one of the foremost leaders in Civic Improvement. Her address upon "The part of the Trained Nurse in Alms House Reform" was earnest and forceful, and influenced the meeting to appoint a committee of five to meet jointly with a committee of five from the Women's Federation of Clubs, to promote reformation in the alms houses of our own State. In the evening in the Y. W. C. A. Auditorium was given a reception and a musical. Mrs. Florence Atkins Gavin, who possesses a most beautiful contralto voice, was the attraction of the evening.

On Wednesday morning at nine-thirty the meeting was called to order and the judges of the election were appointed. In due time they reported the election of the incumbent officers and by consent of the convention the vote was made unanimous. Miss Edna Humphrey, president, Crawfordsville, Indiana; Miss M. B. Sollers, first vice-president, Lafayette, Indiana; Miss Cora Birdsell, second vice-president, South Bend, Indiana; Miss M. D. Currie, secretary, Indianapolis, Indiana; Miss Anna Rein, treasurer, Indianapolis, Indiana. The chairmen of the standing committees were then elected from the floor.

The State having been divided into seven districts regarding the location of hospitals throughout the State, a director for each district was elected who is to act as organizer, peacemaker and promoter of the welfare of the profession in her district.

Owing to the unavoidable absence of Miss Humphrey there was no report of the national convention at Richmond.

The papers given by the nurses were interesting and instructive: "Rural Nursing," Miss Armfield, Crawfordsville, Indiana; "The Training at Columbia University," Miss Nifer, Richmond, Indiana; "The Nurse's To-day and To-morrow," Miss Snider, Fort Wayne, Indiana; "The Trained Nurse on Private Duty," Miss Bechtle, Evansville, Indiana.

Upon invitation of the Fort Wayne delegate, the fifth semi-annual meeting of the Indiana State Nurses' Association will be held in Fort Wayne, Indiana, in the spring of 1908. The exact date is to be fixed by the entertainment committee and reported later.

A beautiful banner bearing the insignia of the Indiana State Nurses' Association was presented to the association by the alumnae society of the Indianapolis City Hospital, and the meeting adjourned for the members to take an auto ride over the city before leaving for their homes.

M. D. CURRIE, Secretary.

[A report of the Indiana State meeting which was sent by the secretary to the JOURNAL for publication in the September magazine, was lost in the mail. This mischance has just been discovered and the above duplicate report prepared. We regret the unavoidable delay.—ED.]

MARYLAND.—The fourth quarterly meeting of the Maryland State Association of Graduate Nurses was held in the medical amphitheatre of the Johns Hopkins Hospital, November 9, 1907. There were about one hundred nurses present.

The feature of the meeting was a demonstration given by the nurses of three hospitals.

The Sheppard and Enoch Pratt Hospital nurses demonstrated washing the hair of a bed patient, packs for typhoid patients and packs for violent patients.

The Johns Hopkins Hospital nurses showed an improvised incubator, and the method they used of protecting the child until it has reached a normal condition. A small binder was adjusted for holding an ice cap in place over the heart, showing how the ice could be renewed without removing the binder. They demonstrated also the application of flaxseed poultices in pneumonia without removing the pneumonia jacket, and making a patient comfortable in bed to have a meal served.

The University of Maryland Hospital nurses demonstrated their methods of applying extension to orthopædic cases. They put on apparatus for making extension on both hips, and on the head, showed the pad used under the back in making extension on the head and the adjustment of a brace for the correction of Cervical Potts' disease.

The demonstrations were all well given and the meeting was most interesting and instructive.

After the meeting adjourned, the visiting nurses were invited to inspect

the exhibit of nursing appliances sent by the Johns Hopkins Hospital to the St. Louis Exposition.

AMY P. MILLER, Secretary.

MISSOURI.—The Missouri State Nurses' Association held its second annual meeting in St. Louis, October 23 and 24.

Papers were prepared by Miss A. H. Metzger of St. Louis upon "What State Registration means to the Public," and by Miss Luella Adkins of Kansas City upon the "Responsibilities of the Registered Nurses." Both papers were excellent and the members enjoyed hearing them read and discussed..

The election of officers resulted as follows: president, Miss Mabel C. Long, 1224 Dillen Street, St. Louis; first vice-president, Miss Eleanor Keeley, St. Luke's Hospital, Kansas City; second vice-president, Miss Mary James, 307 West Sixth Street, Carthage; recording secretary, Miss Anna Lore, 506 Lake Avenue, St. Louis; corresponding secretary, Miss Anna Belle Adams, 923 Ninth Street, Kansas City; treasurer, Miss Mary E. Stebbins, 465 N. Taylor Street, St. Louis; chairman of the Ways and Means Committee, Miss A. H. Metzger, 1224 Dillen Street, St. Louis; chairman of the Arrangement and Program Committee, Miss Mena Shipley, General Hospital, Kansas City; chairman of the Credentials Committee, Miss C. B. Forrester, University Hospital, Kansas City.

The association is unfortunate in losing as president Mrs. Gibson who has done such excellent work the past year, but the members feel that she will put the reins into most capable hands. Miss Long is familiar with the work and they feel sure she will guide them wisely this year in their preparation for State Legislations.

A. B. ADAMS, Corresponding Secretary.

OHIO.—The Ohio State Association of Graduate Nurses met on October 17 and 18, at the Hotel Sinton, in Cincinnati, with Miss Greenwood, the president, in the chair.

A large and enthusiastic number of representative women met to hear and discuss the problems confronting all, the betterment of the profession, also the nurse's place in the social work of the cities. Who is so well fitted to be a probation officer as a visiting nurse? Who can so well take charge of milk stations as a graduated nurse? Who can so well solve the problem of the care of people of moderate means as the homely nurse? The inspiration derived first from the address by Miss Laws, one of our first graduate nurses, followed as it was by practical demonstrations—by workers, gave each, the incentive to enter the field, to labor—in the broadening life, the work for the good of humanity.

United and strong in the desire for a high educational standard the session closed, with gratitude in the heart of each member to her hostesses for their charming entertainment. All hope to meet again in October, 1908, in Toledo, the home of the new president, Miss Katherine Mapes.

The Executive Council elected for the year is as follows: president, Miss Mapes, Toledo; first vice-president, Miss Ellis, Cleveland; second vice-president, Miss Greenwood, Cincinnati; third vice-president, Mrs. Stone, Columbus; fourth vice-president, Miss Fisher, Cincinnati; fifth vice-president, Miss Crandall,

Dayton; sixth vice-president, Mrs. Hartsock, Springfield; treasurer, Miss Lawson, Akron; secretary, Miss Kershaw, 112 E. Broad Street, Columbus.

MARY ELLEN KERSHAW, Secretary.

PENNSYLVANIA.—The fifth annual meeting of the Graduate Nurses' Association of the State of Pennsylvania was held at Hotel Schenley, Pittsburg, Pennsylvania, October 16, 17 and 18, 1907, the president, Miss Roberta West, in the chair.

The opening prayer was offered by Rev. J. F. McCrarey. Addresses of welcome were given by Dr. Otto Gaub and Dr. C. C. Rinehart, to which responses were made by Miss Helen F. Greaney and Miss Bernice Congor. Doctor Charles White, medical director of Pittsburgh Sanitarium, spoke of the "Nurse's Relation to Tuberculosis," and upon request gave a lecture Thursday afternoon on the "Prevention and Cure of Tuberculosis."

Professor Hammerschlag, director of the Carnegie Technical Schools, in addressing the meeting on the "Educational Opportunities for Nurses," referred to the institution just opened in Pittsburgh for the practical education of women, and offered to add to their curriculum any course which will be of benefit to nurses.

The president made a short report of the year's work, and gave an outline of the plans and aims of the association. The secretary's report was approved as read.

The chairman of the Membership Committee reported thirty-three applications approved.

The treasurer reported receipts up to September 30, 1907....\$1717.60

Disbursements 1453.77

Leaving a balance on hand of..... \$263.83

Delinquent members will be sent one more notice, and are urged to pay all back dues promptly.

A report of the Legislative Committee was given and Mr. Nicolls was introduced, who had prepared a draft of a new bill which has taken up section by section, and the reasons for the various changes explained. On motion, a copy of the bill as amended will be sent to each member.

The proposed amendments to the by-laws were taken up and accepted as read; the most important one being, that applicants for membership must be members of their alumnae associations.

Before proceeding to vote, the following nominations from the floor were added to the ballot: for first vice-president, Miss Elizabeth Reid; for second vice-president, Miss Lydia A. Giberson; for fourth director, Miss Maude Miller. The chair appointed as tellers Mrs. Eden, Miss Nellie O'Sullivan and Miss Schofield. While waiting for tellers' report Miss Moultre's paper on "Alms-house Nursing" was read by Miss Ida Gailey.

It was decided that the association publish a journal to be issued quarterly. Miss West was appointed chairman, to choose her own associates for this work. Subscriptions are to be one dollar annually, or twenty-five cents a copy, which should be sent, for the present, to Miss West.

"How to Provide Nursing for the Families of Moderate Means" was discussed and on motion a central committee is to be appointed, to organize and

to secure for Pennsylvania a systematic and permanent association for visiting nursing.

Chancellor McCormick, of the Western University of Pennsylvania, spoke of "Progressive Education" and conferred upon "Nursing" the title of "Profession," giving it third place on the lists.

Miss Kumm read Mrs. Gretter's paper on "The Hospital Economics Course at Columbia University," and Miss Hanlin and Miss Heldman read papers on "Settlement Work."

In the way of entertainment a tea and reception were given at Allegheny General Hospital on Thursday afternoon and on Thursday evening a banquet, at Hotel Schenley, to which one hundred and eighteen members sat down, were both thoroughly enjoyed. During the course of the banquet a cameo pin was presented to Mrs. Lewis, the retiring secretary, and a gold bracelet to Miss Cummiskey, the retiring chairman of the Membership Committee for their faithful and efficient work.

Visits to Mercy and Columbia Hospitals, the Physician's Supply Co. and the Carnegie Margaret Morrison School, proved interesting and enjoyable and it is to be regretted that lack of time prevented acceptance of many other invitations.

The following officers were elected to serve for the coming year: president, Miss Roberta West; first vice-president, Miss Elizabeth Reid; second vice-president, Miss Lydia A. Giberson; secretary, Miss Annie C. Nedwill; treasurer, Mr. Wm. R. McNaughton; first director, Miss Mary J. Weir; second director, Miss Caroline I. Milne; third director, Miss Nellie A. Cummiskey; fourth director, Miss Ida F. Giles.

The next meeting of the association is to be held at Allentown, Pennsylvania.

NELLIE M. CASEY, Assistant Secretary.

REGULAR MEETINGS

BOSTON, MASS.—The thirteenth annual meeting of the Nurses' Alumnæ Association of the Boston and Massachusetts General Hospital was held in the Thayer Library of the Nurses' Home, Tuesday, October 29. After the routine business, there was a most enthusiastic discussion of the fair which is to be held at the Parish Hall of Trinity Church, December 4 and 5 in aid of a free bed for nurses. The object being a worthy one, the members cannot but feel sure of its success.

CLEVELAND, OHIO.—The Graduate Nurses' Association of Cleveland held its monthly meeting at 501 St. Clair Avenue, on October 29. Thirty nurses were present. They were addressed by Mr. Howard Strong, assistant secretary of the Chamber of Commerce, on the attitude of the Chamber toward the charitable institutions of the city and of its work in suppressing graft in so-called charity workers. He said that it was the idea of the Chamber to place all charitable collections in the hands of a committee after the plan now in vogue in Liverpool. He also told of the Chamber's plan for the examination and registration of nurses. An attempt will be made to secure legislation on the subject.

ORANGE, N. J.—The annual meeting of the Alumnae Association of the Orange Training School for Nurses was held October 23 and was well attended. It was proven beyond question that Orange is not ready for a central registry, and the matter was dismissed for the present. No decision was reached as to how the association should contribute (if it does contribute) to the support of the Chair of Hospital Economics of Columbia College. The committee on that question was asked to remain in office, until the consensus of opinion of nurses in Orange be obtained. A committee was appointed to discuss the matter of a graduate course in the Orange Memorial Hospital, which may be offered by the Board of Governors of that institution. The annual election of officers for the association resulted as follows: president, Miss Martha Clark; secretary, Miss Julia Bronis; second vice-president, Miss Margaret Anderson being re-elected; Miss Eleanor Anderson was elected treasurer and Miss Marietta Squire first vice-president.

BRIDGEPORT, CONN.—At the annual meeting of the Bridgeport Hospital Alumnae Association, held in the reception rooms of the Nurses' Home in October, the following officers were elected: president, Miss Eliza Lavery; first vice-president, Miss Black; second vice-president, Miss Margaret Rourke; third vice-president, Miss Bartholomew; recording secretary, Miss Morgan; treasurer, Miss Kelly; corresponding secretary, Miss Finnegan.

Much interest was manifested in the free bed fund which was started by a successful lawn fete given in July and will be aided by various entertainments until the necessary amount is accomplished.

DAYTON, OHIO.—The graduate nurses of Dayton and vicinity met October 16. The report of the work for the first three months of the new nurses' directory is very promising. The discussion and appropriation of funds to the Ohio State Educational Fund was another interesting feature of the meeting. Eleven nurses of Dayton attended the convention of the Ohio State Graduate Nurses' Association, at Cincinnati.

BOSTON, MASS.—The Boston Nurses' Club had a very enjoyable Hallowe'en party at the club rooms, 755 Boylston Street.

The decoration of autumn leaves was very effective; the grotesque element being supplied by pumpkin faces, and curiously adorned carrots. The Committee on Instruction and Entertainment is working hard to prepare a comprehensive program for the winter months.

ANN ARBOR, MICH.—The Nurses' Alumnae Association of the University of Michigan has prepared the following program for the winter's work: September 28, "Nursing Ethics—Relation of the nurse to patient, to doctor, to family," Minnie L. Mead, Class 1902; discussion. October 26, "Problems of Private Nursing," Bertha Dietzel, Class 1898; question-box; hostess, Lydia Schmeising, Class 1905. November 30, "State Associations," Mary C. Haarer, Class 1900; discussion. December 28, "Institutional Work," Lydia Schmeising; "Visiting

Nursing," Bertha Knapp, Class 1903; question-box; hostess, Bertha Dietzel. January 25, "Fumigation," Sophia Braun, Class 1901; discussion. February 29, "Care of Mother and Baby," Antoinette Light, Class 1901; question-box; hostess, Marion Parks, Class 1906. March 28, "Care of Sick Children," Laura May Helmer, Class 1906; discussion. April 25, "Care of Typhoid Fever Cases," Sarah C. Swift, Class 1902; question-box; hostess, May Williams, Class 1902. May 30, "Need of the Alumnæ Association. Is it any help to us?" by one who has attend the most meetings during the year; discussion. June? annual meeting—held day following nurses' graduating exercises; special subjects: "The Training School Problem," Fantine Pemberton, Class 1900; "Nursing Ethics—Relation of the nurse to her school, to her fellow nurses, to the public," Cecil Schreyer, Class 1905; letters from Mrs. B. F. Bean, Class 1905, Canton, Ohio, and Miss Rachel North, Turkey.

CINCINNATI, OHIO.—One of the pleasant social functions attendant upon the convention of the Ohio State Graduate Nurses's Association held in Cincinnati, October 17 and 18, was a reception and afternoon tea given by the Jewish Hospital Alumnæ Association in the Nurses' Hall of the hospital. This was made attractive with growing plants, and cut flowers; and music furnished by a stringed orchestra added much to the enjoyment of the guests, who numbered eighty-five.

Mrs. George Ilsen, president of the alumnæ association, welcomed the guests and Mrs. Ralph Wilkinson, Mrs. Egerton Hardcastle and Miss Bryan poured tea at well-appointed tables, and several of the senior nurses of the hospital, fresh and charming in spotless uniforms, assisted in serving.

After an informal hour of chatting over the tea, many of the guests visited the hospital, which was open for inspection and called forth much admiration, especially the recently opened surgical pavilion and maternity and children's wards, which are splendidly equipped.

NEW HAVEN, CONN.—The Alumnæ Association of the Connecticut School for Nurses held its regular meeting at the Dormitory, November 5. Mrs. Edith B. Lockwood, president of the association, was in the chair and conducted the regular business of the meeting. There were twenty-two members present. Eight new members were received into the association, namely: Mrs. Norton and Mrs. Kingsberger, Miss Falsey, Miss Wendt, Miss Amondson, Miss Earley and Misses Mary and Alice Knight.

After adjournment, refreshments were served and whist was played by some of the members.

BALTIMORE, MD.—The alumnæ association of the Barnard Training School for Nurses held its annual meeting October 25, the president, Miss Round, presiding.

The minutes were read and approved. The treasurer reported those whose dues were in arrears, and the secretary was instructed to send notice to the same.

The annual election of officers was held: Miss Norma V. Round, who is at

present Sanitary Superintendent of Woman's Cottage of Baltimore, was re-elected president. The other officers are: vice-president, Miss Julia Shömberger; treasurer, Miss Bertha Austin; recording and corresponding secretary, Miss M. E. Hollingsworth.

The offer of a room, in the addition being built to the hospital, was made to the alumnae association. This room is to be used for the alumnae members when ill, on condition that they would furnish it. A motion was made and carried that the offer be accepted, and a committee appointed to look into ways of raising funds to furnish the room.

It was decided to have a monthly social meeting at the homes of different graduates, to bring the nurses more in touch with each other, and to study the problems confronting the nursing profession of to-day—which are so specially brought to our attention by *THE AMERICAN JOURNAL OF NURSING*.

After the meeting, the association was entertained by Miss P. A. Burling, the superintendent of the training school.

NEWARK, N. J.—The Newark City Hospital Nurses' Club gave on October 21 a miscellaneous shower to Miss Laura Sax in honor of her engagement to Dr. E. Del. Bradin. Miss Sax received many handsome and useful presents. The club rooms were tastefully decorated in the autumn colors and chrysanthemums. Refreshments were served from a large table, which was decorated with candles with red shades. Miss Caroline Schumaker and Miss Edna O'Hara poured tea.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Training School Alumnae was held at the training school November 5. Twenty-five members were present. Mrs. King, registrar, gave a most satisfactory report of work at the club-house. There are fifty members on the registry and three non-resident club members.

Miss Coleman announced that a bazaar would be held at the Pouch Mansion on December 11 and 12, the proceeds of which are to go to increase the endowment fund. Miss Evelyn Phillips, 1905, was unanimously elected a member of the society.

WILLIAMSPORT, PA.—The alumnae association of the Williamsport Hospital Training School for Nurses held its regular monthly meeting October 31, 1907, at the home of the president, Mrs. O. C. Crowe. The following members were present: Mrs. Gundum, the Misses Petit, Delaney, Miller, Heiney, Webb, Weaver, Hipple, and Simmons. A short business session was held. Entertainment was provided and refreshments served by the hostess and all had a most enjoyable time.

CHICAGO, ILL.—The annual business meeting of the Passavant Alumnae Association was held at the hospital, November 5, the vice-president, Miss Retkie, presiding.

Several letters from out of town members, who had visited various hospitals and places of interest during the summer, were read.

Three new members were accepted. Miss B. D. Hamilton was re-elected president; Miss F. Miller, vice-president; Miss A. Hilmer, secretary; and Miss F. Swanson, treasurer.

After the business meeting a social hour was spent at the hospital, refreshments being served by Miss M. A. Winter, the matron of the hospital. Meetings are held the first Tuesday of each month.

SCRANTON, PA.—The regular monthly meeting of the Scranton Training School for Nurses was held in the State Hospital, November 14. The meeting was called to order at three-fifteen P.M., Miss Brice in the chair. There was a fairly good attendance.

After the roll call, the secretary read a report of an executive meeting which was held on October 12. This was approved. Following this, Miss Brice, who represented our alumnae association at the State convention held in Pittsburg in October, gave a very interesting report. A social to be given to the members of the alumnae association the latter part of November was announced at the meeting. There was no further business. Meeting adjourned to meet in December at the State Hospital.

CHESTER, PA.—The alumnae association of the Chester Hospital Training School for Nurses held its annual business meeting on November 7 at the nurses' home. Twelve members responded to the roll call. The reports of the treasurer and secretary were read and showed the organization to be in a good condition. The election of officers resulted as follows: president, Miss Mae Disert; vice-president, Miss Clara B. Hoskins; treasurer, Miss Emma T. Keating; secretary, Miss Cora J. Welker. All but the treasurer were re-elected. The committee on entertainment consists of Miss Cora J. Welker, chairman, and the Misses Bitner, Jenkins, Mills and Graham. The next meeting will be held December 3.

COLORADO SPRINGS, COL.—The regular monthly meeting of the Colorado Springs Registry Association of Nurses was held on November 6. The business meeting was followed by a lecture on bacteriology and antitoxin by Dr. Frank L. Dennis, after which the nurses were entertained at tea by Rev. Henry Rutgers Remsen, rector of Grace Episcopal Church.

CHICAGO, ILL.—The alumnae association of the Illinois Training School has planned the following program for the year's work:

December, Senior Day. "Cause and Prevention of Venereal Diseases," by Dr. Anna E. Blount of Oak Park. "Salvation Army Work," by representative speakers.

January. "Critical Periods in a Woman's Life," by Dr. Young. Reports of the Crittendon Home and of the Convalescent Home for Women.

February. "Development of the Ovum," by Dr. Caroline Hedger, with stereoptican views. Report on modern lodging houses for women.

March. Reports on the House of the Good Shepherd, on industrial schools, and on the Geneva State Training School.

April. Reports of visits made to these various institutions by nurses.

May. Annual business meeting and banquet.

PERSONALS

MISS L. L. DOCK, who has been abroad since the early summer, has recently returned and is at the Henry Street Settlement, New York.

MISS LOUISE LONGEWAY and Mrs. Stoddard of the Bellevue alumnae are now engaged in one of the lines of social service work in New York City.

MISS ISABEL LAUVER, class of 1883, Illinois Training School, Chicago, has resigned her position at the Woman's Hospital, and is at present at her old home, Nora, Illinois.

MISS ANNA PERSON, class of 1900, Passavant Memorial Training School, Chicago, has accepted the position of superintendent of nurses at the Marinette Hospital, Marinette, Wisconsin.

MISS ANNA C. MAXWELL, superintendent of nurses, Presbyterian Hospital, New York City, returned from a long summer vacation in Europe on the 1st of November, and is again at her post of duty.

MISS MARY E. MAY, superintendent of nurses at the Willard State Hospital, New York, sailed on November 16 for Europe on business for the Commission of Lunacy. She expects to return about January 1st.

MISS EDITH G. WILLIS has taken the superintendency of a hospital in Vincennes, Indiana. She is a graduate of this year's class, Wesley Hospital, Chicago. Mrs. Effie Shannon, class of 1906, has taken charge of a hospital in Miles City, Montana.

MISS CAROLINE SCHMOKE, R.N., who for the past nine years has been assistant superintendent of the Newark City Hospital, has resigned her position and will take up private nursing, making her home for the present at the Newark City Hospital Nurses' Club.

MISS CORA V. JOHNSON, Presbyterian Hospital, Chicago, has accepted the position of superintendent of St. Mary's Hospital, Watertown, Wisconsin, taking charge November 15. Miss Minerva Wilson, fall class 1907, has accepted a position on the staff of the hospital.

MRS. MARION D. LINGENFELTER, R.N., graduate of the Episcopal Hospital in Philadelphia, Pennsylvania, and for several years superintendent of Amsterdam Hospital, Amsterdam, New York, is now superintendent of nurses at the Hinton Hospital, Hinton, West Virginia.

MISS GENIEVIEVE CONWAY, Mercy Hospital, Chicago, class of 1905, has accepted a position as superintendent of nurses at St. Joseph's Hospital, Savannah, Georgia. Miss Lilian Hazeman, class 1906, has accepted a position as superintendent of Alexandria Sanitarium, Alexandria, Louisiana.

MISS MILLICENT B. MITCHELL, class of 1905, is taking a course in Bible Study at Moody Institute. Miss Inez Woodford, class of 1906, is engaged in private nursing in Colorado Springs. Miss Marian Belle Nuckles, class of 1907, has accepted a position as head surgical nurse at the Chicago Baptist Hospital.

MISS GWYNEDD WEBSTER, St. Luke's Hospital, Chicago, class 1902, has been appointed assistant superintendent of Finley Hospital, Dubuque, Iowa. Mrs. McNeil, class 1899, has recently taken charge of the Columbus Hospital, Columbus, Wisconsin. Miss Elizabeth D. Dean, 1898, has been appointed superintendent of the Polyclinic Hospital, Chicago.

MISSES Black, Glenn, Nelson, Ahrens, Baker, Kelly, Wheeler, Balcom, and Watson, graduates of the hospital economics course, Teachers College, New York, were in attendance at the American Hospital Association Convention held in Chicago in September.

On the 18th a reunion was enjoyed by them in the form of a luncheon at Marshall Field's.

MISS MYRA JONES, Royal Victoria Hospital, Montreal, recently in charge of the Grant Hospital, Columbus, has returned to the Presbyterian Hospital, Chicago, as an assistant to the superintendent of nurses. Miss Isabelle Shannon, Hartford Hospital, for a year night supervisor of the Presbyterian Hospital, Chicago, has resigned her position to return East. Miss Rachel Blanchard, Presbyterian Hospital, Chicago, class 1906, has received the appointment.

MISS EMILY MUSSEN, first assistant to the superintendent of nurses at St. Luke's Hospital, Chicago, having resigned to return to her home in Cayuga, has been succeeded by Miss Grace D. Critchell, class '01. Miss Gwynedd Webster, class of '02, has accepted the position of assistant to Miss Balcom, Finley Hospital, Dubuque, Iowa. Miss Edith Nelson, class '04, and Miss Virginia Williams, class '93, have returned from Europe where they have been spending the summer.

MISS ANNA KELLAR, Illinois Training School for Nurses, Chicago, class of 1904, succeeds Miss Jorstad of Augustana Hospital as head nurse at the Maxwell Street Lying-in Dispensary. Miss Mary Ledwidge, class of 1898, is enjoying a well earned vacation on an Arkansas plantation after five years' service at the Children's Hospital, Milwaukee. Miss Ella A. Goodhue, class of 1897, has gone to St. Louis as superintendent of the St. Louis Children's Hospital. Miss Hattie Price, class of 1901, succeeds Miss Emma Holland as head nurse in the new tuberculosis department connected with Cork County Hospital. Miss Damer, president of the Nurses' Associated Alumnae, was a recent guest at the nurses' home, Illinois Training School, and attended the November alumnae meeting where she gave the members a talk on the fight against tuberculosis in New York City.

MISS ALICE I. TWITCHELL is superintendent of the Passavant Memorial Hospital at Jacksonville, Illinois. The directress of the training school is Miss Ida B. Bruner, a graduate of the S. R. Smith infirmary, Staten Island, who has been for five years assistant superintendent at Muhlenberg Hospital, Plainfield, New Jersey. The dietitian is Miss Helen C. Wayne of Naples, New York, who took a two years' course in domestic science at the Mechanics' Institute,

Rochester, New York. The surgical and operating-room nurse is Miss Helen B. Miner, graduate of Harper Hospital, Detroit.

At the commencement of the New York City Training School for Nurses, on October 19, the resignation was announced of Miss LeFebvre, first assistant superintendent, on account of ill health. She is at present at her home, resting and working on a revision of Miss Kimber's "Anatomy and Physiology." Miss LeFebvre has been connected with most of the nursing organizations such as the Superintendents' Society, the Red Cross, St. Barnabas' Guild, and the School Alumnae Association. The pupils and others connected with the school showed their appreciation of her worth by giving her an At Home at which they presented her with a purse filled with gold pieces, accompanied with many good wishes for the future and regret that she must give up her work at the training school.

BIRTHS

A SON to Mrs. C. H. Jones, who was Miss Mattie P. Thomas, class of 1903, Passavant Memorial Hospital, Chicago.

ON September 21, a son to Mrs. Frank Wisner, who was Miss Anna Lyon, class of 1901, Methodist Episcopal Hospital, Brooklyn.

BORN, a daughter, to Mrs. Frank Schmidt, Bisbee, Arizona. Mrs. Schmidt was Miss Edwards, class of 1903, Wesley Hospital, Chicago.

MARRIAGES

ON October 19, at Philadelphia, Miss Alice E. Swab, of the Methodist Episcopal Hospital, to Mr. Harry L. Trucksess.

ON July 20, at Philadelphia, Miss Viola Mayhew, of the Methodist Episcopal Hospital, to Mr. Walter Sickler Felton.

ON October 27, at Joliet, Illinois, Miss Ethel Stonerock, class of 1905, Mercy Hospital, Chicago, to Mr. Higgle of Pontiac, Illinois.

ON July 8, at Mercer, California, Miss Eudora Hopkins, of the Methodist Episcopal Hospital, Philadelphia, to Mr. William E. Kewin.

ON October 12, Miss Sarah Martin, class of 1900, Wesley Hospital, Chicago, to Mr. Frank Tipton. They will live at Seward, Nebraska.

ON August 8, at Gallup, New Mexico, Miss Virginia Brainerd, R.N., class of 1905, Colorado Training School, Denver, to Mr. J. H. Coddington.

ON July 29, Miss Agnes Steubenrauch, class of 1902, Methodist Hospital of Brooklyn, to Mr. G. A. Zimmer. They will live at Jamaica, Long Island.

At Winterbourne, Ontario, Miss Janet Adamson, class of 1902, Illinois Training School, Chicago, to Mr. George W. Dickson. At home at Douglass, Wyoming.

ON June 11, at Sacramento, California, Miss Katherine B. Ross, class of 1905, S. R. Smith Infirmary, Staten Island, New York, to Mr. George H. Bundock.

ON October 14, Miss Elizabeth Spilman, class of 1905, Illinois Training School, Chicago, to Dr. Charles Palm. At home at 1390 White Street, Dubuque, Iowa.

ON October 26, at Nankin, China, Miss Caroline Maddock, class of 1904 Illinois Training School, to Dr. Edgerton Haskell Hart. They will live at Wuhu, China.

ON October 23, Miss Bertha Harning, class of 1907, Methodist Episcopal Hospital, Brooklyn, to Dr. Grant Stanley. They will live at Sea Cliff, Long Island.

ON October 30, at Salt Lake City, Utah, Miss Josephine Studebaker, class of 1904, Mercy Hospital, Chicago, to Dr. Dare Woodruff. At home at Reno, Nevada.

ON October 15, Miss Eugenia Faucher, class of 1904, Methodist Episcopal Hospital of Brooklyn, to Mr. Charles Gerard Wheeler. They will live at White Plains, New York.

ON November 14, at Gananoqua, Canada, Miss Blanche Taylor, class of 1906, Methodist Episcopal Hospital, Brooklyn, to Dr. Henry Flack Graham. They will live in Brooklyn.

ON October 3, Miss Sarah White Cunningham, of Abbeville, South Carolina, class of 1906, University of Maryland Hospital, to Captain Charles Frederick Morse, of Vermont, United States Army Medical Department.

ON October 16, at Roxborough, Philadelphia, Pennsylvania, Miss Georgia Michaels, class of 1900, Cooper Hospital, Camden, New Jersey, to Mr. Edward Pickering, Jr. They will live at Woodbourne, Bucks County, Pennsylvania.

OBITUARY

MRS. GEORGE A. TRUITT, class of 1906, University of Maryland Hospital, died at Salisbury Hospital, of typhoid pneumonia, on October 26.

MRS. Anna D. Moore, who was secretary of the Graduate Nurses' Association of Blair County, Pennsylvania, has recently died, and is greatly missed by her friends and associates.

ON September 5, at Sarnia, Ontario, Miss Marabel Robson, graduate of the Farrand Training School for Nurses, Detroit. Miss Robson's death came as a happy release following two years of great suffering.

TRAINING-SCHOOL NOTES



BUFFALO is to have a tuberculosis nurse provided by the district nurses' association. She will work under the direction of the board of health and the association will provide milk and eggs for the patients she attends.

SEVERAL small cities in New York State are arranging for what might be called a community nurse, who will care for all who need her services, whether they can pay or not. Those who are starting the enterprise will pay her a fixed salary, and all fees collected from patients will go into a central treasury. She will work among the rich, those of moderate means and the poor. York and Genesee have already established such a nurse.

THE SCHOOL FOR NURSES of the Presbyterian Hospital, Chicago, held its semi-annual graduating exercises in the reception rooms of the home on Thursday, October 10. Nine nurses received diplomas.

BACTERIOLOGY and dietetics have been added to the curriculum of the Finley Hospital Nurses' School, Dubuque, Iowa.

These subjects are taught by the dietitian, Miss Josephine Evans, a graduate of the Department of Domestic Science, Lewis Institute, Chicago.

AN exhibition and sale were held on an afternoon in October in the rooms of the Handicraft Club of Providence, Rhode Island. Articles made in the handicraft shop of Butler Hospital were offered.

The exhibit was held in accordance with the annual custom of the institution, and while primarily its object is to benefit the Providence District Nursing Association, it is also intended to show the character of the work done by the patients. The therapeutic value of handicrafts for nervous patients has been demonstrated successfully at this as at other institutions, and the exhibit evidenced what a high average of skill can be attained by these workers under proper direction.

The display included the products of the Swedish hand loom, basketry, raffia work, pottery and needlework. The articles were attractively arranged in the parlors on the first floor of the club house. The piano was covered with baskets of all sizes, shapes and colors, and two tables were covered with pieces of pottery in terra cotta and in soft old blues and greens and browns in varying stages of completion.

Many beautiful shapes were shown in this collection, giving evidence of a high degree of skill on the part of the craftsmen.

Examples of woven textiles were hung on the walls or thrown over chairs and settle, and in the front parlor stood a loom and two spinning wheels which were operated by attendants.

Among those in charge of the exhibit were Miss Balfour, superintendent of nurses at Butler Hospital, and Miss Urquhart, supervisor of nurses.

THE graduating exercises of the Butterworth Hospital Training School for Nurses, Grand Rapids, Michigan, were held in the Westminster Presbyterian Church, October 7.

Mr. Edward Lowe, president of the Board of Trustees, presided, and a large number of friends of the hospital and its nurses were present.

The graduates are: Nellie Agnes Bertsch, Mabelle M. Butler, Lillian Campbell, Winnifred M. Crow, Maude I. Dudley, Elizabeth W. Holt, Edith Johnson, Isabel J. Livergood, Minnie A. McDermid, Julia T. Nolan, Wia Nellie Oltman, Ida Viola Shannon, Mary Jane Smith.

At the close of the exercises a reception was given to the graduating class, and the following day they were entertained at the Kent Country Club, by Mrs. Eugene Boise, president of the Lady Board of Managers.

ON October 8, thirty-eight student nurses who comprise the Freshman Class of Wesley Hospital School for Nurses, Chicago, entered upon a six months' laboratory course at the Northwestern University Medical School.

This is the fifth year that the school has given its nurses this course. Originally the nurses met with the students and were required to take the same course, but this was found impracticable and now a separate course has been organized, with special instructors chosen from the faculty of the medical school. The nurses occupy the same laboratories and benefit by the library and other facilities afforded medical students.

The school for nurses became affiliated with the Northwestern University last spring, thus giving to the nurses unusual advantages in the theoretical part of their training. Some of the graduate nurses of the school are taking advantage of this excellent opportunity by taking a graduate course now with the freshman class.

THE department of Hospital Economics, Teachers College, New York City, makes the following announcement in regard to its winter course of lectures:

SPECIAL LECTURES ON HOSPITAL ECONOMICS

The portion of this course, as announced below, which is given by special lecturers will be open to graduate nurses, not regular students of Teachers College, who may register as "unclassified students." Registration may be for one or more groups of lectures as given below, or for the entire seven groups. A complete syllabus of the lectures, soon to appear, will be sent on application. Herewith are given details of the first series of lectures only, those on hospital architecture.

I. Hospital Planning: six lectures, beginning Friday, October 25.

Charles Butler, B.A., A.D.G.

1. General requirements for location of hospitals. Orientation of wards. Discussion of the two principal type of buildings.
2. Arrangement of general plan. Location of its principal units with relation to each other. Examples of existing buildings.
3. Typical ward plan with its services. Varying solutions of the problem.
4. The operating department with its services.
5. Administration. General services, kitchen, laundry, etc. Nurses' home?
6. Special hospitals. Tuberculosis Hospitals. Children's Hospitals. Convalescent Homes. Hospitals for Infectious Diseases.

II. Working Essentials and Hospital Construction: eight lectures. Miss Annie W. Goodrich, General Superintendent Training Schools, Bellevue Hospitals.

III. Hospital Administration; six lectures. Miss Maud Banfield, Polyclinic Hospital, Philadelphia, Pa.

IV. Hospital Laundries: six lectures. Miss Clara D. Noyes, Superintendent of St. Luke's Hospital, New Bedford, Mass.

V. Training School Administration: four lectures. Mrs. Hunter Robb, formerly of the Johns Hopkins Hospital, Baltimore, Md.

VI. Training School Administration (continued): four lectures. Miss M. M. Riddle, Newton Falls Hospital, Newton, Mass.

VII. History of Nursing and of Hospitals: six lectures. Miss Lavinia L. Dock, Honorary Secretary, International Council of Nurses.

The first lectures, those by Mr. Butler, will be given, as announced above, Fridays at three P.M., beginning October 25, in Room 325, Teachers College. The dates of the other groups of lectures will be given in the circular soon to appear.

The fee for the whole series of lectures is twelve dollars. The fee for any single group of lectures is at the rate of two dollars and fifty cents a group. Students who desire to secure college credit for this course, should make special inquiry.

All fees are payable in advance, by check or money order in favor of Teachers College, addressed to the Bursar, Teachers College, or in person at the Bursar's office, Teachers College, (office hours, nine A.M. to five P.M.).

Any one desiring to enter the above course should procure a registration blank for unclassified students (sent on request) and return it duly filled out.

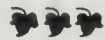
Address all communications to,

MISS NUTTING, Department of Hospital Economics,
Teachers College, Columbia University, New York City.



"Christian men rejoice and sing
'T is the birthday of a King."

PRACTICAL SUGGESTIONS



DON'T scratch matches on the wall paper, top of a radiator, or on the surface of furniture. This is suggested by an experience with two nurses.

I. R.

A CORRESPONDENT has written to the JOURNAL asking where she can study midwifery. The question was referred to an obstetrician, whose reply is as follows:

I know of no place where a woman may learn to be a mid-wife and if I knew I would not advise any woman to study the art. I believe the responsibilities of an obstetric case are so great that most physicians are not equal to them, and it is therefore a crime against reason to allow ignorant women to assume the care of the women of our land at such a critical period.

IN regard to the paragraph on incinerators: There was an incinerator—and probably is—in the Buffalo Children's Hospital. It was run by natural gas, and was a very effective means of destroying soiled dressings, refuse, etc. The heat generated was intense and destruction was speedily accomplished.

E. O. B.

I WAS sent to a patient ill with stomach trouble. The nervous element was present in a marked degree.

For weeks members of the family had been called up in the night to fill hot water bags, give drinks and light nourishment.

Gastric lavage with weak, warm saleratus solution was ordered for each evening. After this, the patient had junket once.

Before we retired, I always filled two bags with very hot water, and placed one for her feet, and gave the patient the other to "hug."

The patient had comfortable nights, and I was not disturbed except once to adjust a rattling window.

E. O. B.

HERE is a newspaper idea to induce sleep in the too wakeful. Lie on the back and take a deep breath while you count six slowly; exhale while you count six slowly. Do this six times, in succession if possible,

then breathe naturally for three minutes and repeat the procedure several times. The counting is important. Plenty of fresh air is essential to success. I may be wrong about the six times in succession before breathing naturally, but I remember the little note in the paper did not allow of fatigue or imply that any one could get discouraged.

J. B.

How long would you advise an obstetrical patient, after the nurse leaves, to keep sterile gauze over the breasts and to use sterile applicators for the nipples? As a rule a nurse leaves at the end of four weeks. I usually leave a number of these things sterile for the mother to use, still some people show that they believe very little in the use of such precautions. The other day I saw a baby I had left two weeks before and found one of its eyes slightly discharging, although they were perfectly clear when I was with him. I had instructed the mother how to use the eye dropper in putting boric acid into the eyes. I know a very good nurse who says she uses a piece of cotton, dipping it into the bottle of boric acid and squeezing it into the eyes. It seems to me we need to be reminded of new and better ways of nursing.

E. L. P.

[It would be helpful to have suggestions from nurses doing obstetrical work on the points brought up by this writer.—ED.]



“The shepherds sing, and shall I silent be?
My God! no hymn for Thee?”

GEORGE HERBERT.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE STANDARD FAMILY PHYSICIAN. By Professor Carl Reissig, M.D., Hamburg, Germany, and Smith Ely Ielliffe, A.M., M.D., Ph.D., Professor of Pharmacognosy, Columbia University; Instructor in Pharmacology and Therapeutics, Columbia University; Visiting Neurologist, City Hospital, New York City; Associate Editor of "New York Medical Journal;" Managing Editor "Journal of Nervous and Mental Diseases." Funk & Wagnalls Company, New York and London.

This work which has for a sub-title: "A Practical International Encyclopedia of Medicine and Hygiene Especially Prepared for the Household," has a long list of foreign and American and some English names on its editorial pages. It is a sort of abridged encyclopedia—that is to say only the subjects indicated and those related thereto are included in the two volumes which carry the subjects alphabetically from A to Z.

Putting such a book in the hands of the public has at the first glance the appearance of madness as inviting the said public to learn the diagnosis and treatment of its own ailments to the complete undoing of the medical profession. On second thoughts, it seems a mammoth propagandist movement—for we know there is nothing calculated to convince the average man or woman that he or she is unsound in every member, like reading with untrained intelligence the symptoms and course of disease. For neither of these purposes, however, has the present work been undertaken and with so much pains completed. It is in recognition of the vast amount of misleading and spurious information on medical matters that is constantly poured on the market, either gratis and accompanied by a brand of "heal-all" patent medicine; or wrapped in a mantle, purporting to be Charity, and like it, covering a multitude of sins; in either case being merely a baited line to catch the dollars of the gullible public. To supplant such literature and to give in its place a reliable substitute which to some degree may help those who are ignorant to a recognition of the value of symptoms and assist in the decision of doubtful cases where it is a question of need for a physician

or not, is the reason for introducing the "Family Physician." The ethics of family life, without a family physician are discussed, and the disadvantages to which both the physician and his patient are subjected when they are strangers to each other are noted. There is no thought farther from the subject in hand than any idea of letting down professional bars or regarding with equanimity the taking over of the practice of medicine by the public generally. Naturally such a book is only used in reference. It contains, beside many colored plates and profuse illustrations, a very fine mannikin for the use of students.

TEXT-BOOK OF PSYCHIATRY, A PSYCHOLOGICAL STUDY OF INSANITY. By Dr. E. Mendel, A.O., Professor of the University of Berlin. Translated by William C. Krauss, M.D., Buffalo, New York. F. A. Davis Company, Philadelphia.

Few schools of nursing include in their curriculum the care of the insane. Yet this branch of nursing is often adopted as a specialty, as being the best paid, and the one allowing more liberal assistance than any other. Of course the insane person differs not at all from the sane in the need of careful nursing, but the nursing might be more satisfactorily done if the nurse were not continually being "up against" the mysteriousness and inscrutability of the disease. The book under our present consideration does not lighten every dark corner of the subject by any means; but must be found an aid, to understanding better, one's perplexing and perplexed patient. We do not find the entire subject reduced to utter simplicity—indeed we find the learned author regretting the limitations of knowledge of pathological processes producing insanity; but one lays down the book, if one has read faithfully and intelligently, with a better understanding of the need of sympathy for this most pathetic and appealing of all the range of the weak and helpless who come under a nurse's care. Treatment is very lightly sketched in; the book being more concerned in the symptomatology and the etiology of mental diseases, dividing the subject into general psychiatry, and special psychiatry; the first treating of disturbances of sense and the sense-perception, disturbances of thought of memory-feeling, etc.; the second of idiotism, mania, dementia, melancholia, the epileptic psychoses, the psychoses due to the abuse of alcohol and various drugs, the psychoses induced by inorganic poisons: carbonic oxide, lead, iodoform, and some others; the psychoses due to disturbances of the thyroid gland and to other functional disorders; also the syphilitic psychoses.

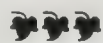
Dr. Krauss, who has done the book into English, is editor and

translator together. He has changed the Prussian procedure of the law for the insane, for the New York state laws, and he has enlarged some chapters by matter, naturally modified by conditions of race, climate, etc. His translation aims to convey the exact personal ideas of the original writer, attaching the greatest importance to these, in view of Professor Mendel's long study of the subject.

SICK NURSING. By H. Drinkwater. I. M. Dent & Co., London. The MacMillan Company, New York. Price, 40 cents net.

Those who love a book for the look of it who love the famous Temple classics and adore slim graceful little books and keep them on a special shelf all by themselves will possess this volume of the Temple Primer series in dark red muslin with the title page in old black print wherein are interlacings of all sorts of mysterious symbols of arts and crafts—of music, travel, war, wisdom, and the stars in the heaven and the growing things on earth—all these in black and white and the name of the book in redletter is worth the price of the volume to some folk. Do not however think in this to find beauty and utility combined. At least the book as a nursing text book does not come up to our standards, and perhaps it is unfair to expect to compare it with such works as are in use in the nursetraining schools of this country, since this book is designed as a manual for the use of students attending the lectures in connection with the "St. John Ambulance Association" and the "Evening Continuation Classes," both presumably provincial English institutions, and probably courses designed for the laity like our own "First Aid" courses. The author very politely acknowledges the help drawn from a long list of books consulted in getting up the present work, so that we are able to trace some of our own writers whose work has come back to us from over the sea. Among others we note the names of A. K. Beck, L. L. Dock, I. A. Hampton-Robb, E. A. Stoney, C. S. Weekes-Shaw. These names will insure for it friends in this country and indeed the book has merits of its own to recommend it. The matter is put in very practical language and the ideas are expressed with a simplicity which make it particularly adapted for lay teaching.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL
FOR THE MONTH ENDING NOVEMBER 14, 1907.

COOK, ETHEL FLORENCE, transferred from Camp Jossman, Guimaras, to Division Hospital, Manila, P. I.

DOERSCH, CLARA C., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

HALL, MRS. MARY B., transferred from General Hospital, Presidio of San Francisco, California, to General Hospital, Fort Bayard, New Mexico.

HALLOCK, MARY H., transferred from General Hospital, Fort Bayard, to General Hospital, Presidio of San Francisco, to await the sailing of the Transport of December 5; under orders for duty in the Philippines Division.

HENSEL, JOSEPHINE, recently arrived in the Philippines Division, assigned to duty at Fort William McKinley, Rizal, P. I.

JOHNSON, SIGRID C., transferred from duty at the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard.

KROTZER, BERTHA M., formerly on duty at the Division Hospital, Manila, P. I., discharged.

KURZDORFER, ELIZABETH, graduate of the the Deaconess Hospital Training School, Evansville, Indiana, 1899, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

RIEDY, JOSEPHINE, transferred from Division Hospital, Manila, to Camp Gregg, Pangasinan, P. I., for temporary duty.

SELOVER, CLARA MARIA, transferred from the Division Hospital, Manila, to Zamboanga, P. I.

SOULE, MARGARET V., formerly on duty at General Hospital, Fort Bayard, discharged. Married to Private William J. Maney, Hospital Corps, Fort Bayard.

WOODS, JULIA, transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.

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THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT



THE SHORTAGE IN PROBATIONERS.

WE publish as the leading article in this number a paper read by Miss S. F. Palmer before the Eighth Conference of Charities and Corrections in Albany on November 13th, which deals with the problem of service in hospitals for the sick and insane.

It is to be borne in mind that this paper was written for the lay public, men and women interested as members of boards and visiting committees in the various lines of work dealing with the care of the sick both in hospitals and homes.

In preparing this paper, the writer conferred with a number of the leading teachers of nurses, and her statement that "Those schools within the state which have responded to the requirements of the Education Department report a growing improvement in their numbers of desirable applicants," is corroborated by the inspector of training schools of the State of New York.

Charities, in commenting on this paper in its number of November 23rd, quotes Miss Palmer as having stated that the whole body of nurses is suffering from the commercial spirit. It will be seen in a careful reading of the paper that what Miss Palmer did say was that "the whole body is suffering from the commercial spirit and ignorance of its partly trained and temperamentally disqualified members whose service to the public is unsatisfactory," which is quite a different statement, and one which cannot be disputed by any one knowing the lack of standards which has existed in the schools during the first quarter of the century of their being. It would seem that the same conditions hold in nursing education that prevail in medical education. State registration is every year improving the standards of medical education while on the other hand

quackery and charlatanism of every kind seem to be increasing. The educated nurse, under state registration, is gradually being given a recognized place, while quack schools and quack nurses continue to increase in numbers in every direction. This of course is due to the peculiar conditions of society and to the prevailing ignorance of the ordinary individual in regard to the most vital questions of health and hygiene.

Some special correspondence which we have been conducting recently in connection with this question of the shortage of probationers has brought to us interesting facts which we quote, withholding the names of the writers

Speaking of the effect of the three years' course, one writer says:

I will try to give you briefly what has been our experience since the course was lengthened from two years to three, more than ten years ago. This was done in order that the pupils might remain for a longer period in each ward, or other department, and thus obtain a better and more thorough training, and a longer and more varied practical experience. We believed that with the longer course of training we could arrange for shorter hours of duty daily in the wards, and could thus ensure that our pupils would be fitted mentally and physically to profit by the teaching and training for which they give their services.

It is right here where I think so many schools have failed, in that after establishing a three years' course they have still maintained the long hours of duty, making it impossible for the student to do justice either to her studies or her practical work. As far as I have been able to observe, the student, as a rule, receives nothing more than she did during a two years' training, and the hospital reaps the advantage of her work for an extra year. You may think I am going a little far in making such a statement, but it is only what I have been told by nurses themselves; this is where the dissatisfaction seems to lie. Then, again, one of the greatest objections to a two years' course in a hospital with a variety of services is that it is sometimes difficult to permit a nurse to remain as long in some departments as she would like to remain, or as the welfare of that department might at times require to maintain the work efficiently and avoid the disturbance of frequent changes and interruptions. Still, no hospital is justified in establishing a three years' course unless it can provide for the student a full and complete training in all branches of her work, either within its own walls, or by proper affiliation with other schools.

The question has been raised lately about the third year being optional, but that has its difficulties it seems to me. It would mean different forms of diplomas for longer and shorter courses, and this would seem to confuse the issue altogether, and would create the very perplexities and difficulties that we are trying to remedy.

During the first nine years after the course of instruction was lengthened in this school the total number of applicants annually remained about the same, but the general character shows on the whole a very marked improvement. During the past two years there has been a *very marked increase* of desirable applicants, many more than it was possible to admit.

One of the objects in lengthening the course of training was, by offering a better training and instruction, to attract better educated and more serious-minded, earnest women to the profession; and the lengthening of the course of study to three years has unquestionably accomplished this result here, as a similar process has accomplished this result in other educational institutions. Training should be prolonged and exacting in the precise degree in which the work for which it prepares is difficult and exacting. The work of the training schools is not only teaching methods of work, but the developing of character, of self-control, self-reliance, courage under difficulties, accuracy, patience and perseverance. All these things take time, but they are as essential to a nurse's training as the degree of skill with which she performs the practical part of her work. If we want to bring into the nursing profession a less desirable type of candidate I can think of no more likely way of accomplishing it than by shortening the course from three years to two.

Another superintendent of a school maintaining high educational standard writes:

We have had 950 applications for the year ending October 1, 1907. Out of those we chose fifty, and they are good.

This school is in close proximity to a number of others that are complaining of a shortage of probationers.

A third superintendent writes:

Without hesitation let me say in reply to your inquiry as to the number and quality of probationers during the past year, that not only have we all that we need, but the average qualifications are fully equal to those of any previous year. As you know, we have the eight-hour system consistently. The pupils are physically comfortable and happy, and while they work hard when on duty, they appreciate the fact that we are trying to do our best for them so long as they are worthy of it, and when it is proven that they are not, at any time during the three years, out they go!

Perhaps the most interesting of these comments is the following from the superintendent of a school in a section far removed from any one of the others quoted, who writes as follows:

So far as applications for admission to the training school is concerned, I must say that I do not have quite as many as I would like for the size of my classes; that is, I am not able to select my nurses with quite the thoroughness that I would like to exercise. At the same time, I have not been embarrassed at all. When I took charge of the school, several years ago, there were no applications on file, while to-day, I usually am able to feel pretty comfortable about my classes two or three months before I expect them to come in.

I do not think that there is any question about getting results from the better educational standpoints and in providing, not luxurious but simple, comfortable quarters for the pupils.

Undoubtedly there is evidence of the fact that we do, many times, attempt to teach our nurses what we may call technical subjects superficially; that is, that we forget to teach from the standpoint of nursing, both in our class rooms and practically in our hospitals. To explain just exactly what I mean I will take for illustration: I frequently visit the children's ward at feeding time and find sick, wretched little babies, lying in their cribs, each with its feeding bottle resting on its pillow, and just left there, receiving a little attention from the nurse when she has a moment to spare. Many times the child's position is very uncomfortable and the food cold. The doctor may come into the ward and require a preparation for a lumbar puncture or a blood examination, and the nurses of the ward immediately give undivided attention to every little detail that is required. The detail, of course, is most exacting, both the doctor and the nurse attaching the very greatest importance to the technique of the puncture, while neither the nurse or the doctor seem to attach the slightest importance to the proper feeding of the child. There is never a question of time in regard to the details of a lumbar puncture or some similar duty. It is just there where we are now making our serious mistakes, both the doctors and the nurses. It is impossible for the nursing side of the hospital to insist upon the proper feeding of the baby or of the sick child or of the better carrying out of the many methods in our hospital until the physicians attach the same importance to the little things that they attach to the so-called scientific requirements.

The situation described is one which will appeal strongly to the superintendents of all schools. It seems almost as if we were training our nurses to nurse the doctor instead of the patient.

Now in contrast to these letters we quote from two superintendents of large schools situated in a state where state registration has failed and where opposition to nursing progress of every kind has been openly declared by many prominent medical men.

The first one says:

We have desired to give our nurses a good, thorough training, but we have occupied a middle ground, not doing much with the so-called higher education. As far as the living conditions and home influences are concerned, we hold our banner as high as anybody.

Since the three years' course and admitting by classes were inaugurated, we have never been able to get enough candidates suitable for admission to form the classes large enough to meet the demands of those who always get sifted out. . . .

We have been obliged to take in probationers younger than we have in years past, and in some instances not as well prepared for the training as the work demands.

The second says:

During the past year we have had no lack of applicants and they have been above our general average in quality. But two years ago, as a result of our

attempt to do away with the money allowance, our numbers of applicants decreased alarmingly and we were compelled to advertize and to take every applicant, good, bad, or indifferent, who presented herself. We never carried out the plan of not paying the pupils and I should never for a moment entertain it again here where the innumerable small hospitals appeal so strongly to the majority of young women. I have not found the majority of them whom I have personally interviewed very keen for the opportunity of experience and education—the short course is what appeals to them.

Since writing the above, we have received a copy of “A Letter on the Best Length of a Course of General Training for Nurses,” submitted to the Department of Public Charities by the New York City Visiting Committee, based upon the study of opinions of one hundred and forty-five superintendents of training schools or of hospitals throughout the United States, under date of November 20, 1907.

This committee's conclusions coincide in almost every detail with the recommendations made by Miss Palmer in her paper. They are compiled from a report submitted to the New York City Visiting Committee by its secretary, Mr. Courteney Dinwiddie, October 23, 1907. This report will be published in full in the next number of the JOURNAL and we regret that it was received too late to be used in this issue.

This report, taken as a whole, coming from a committee composed of the most prominent men and women interested in hospitals and training schools in New York City, is an unequivocal endorsement of the standards which nurses are endeavoring to maintain for the betterment of nursing education and the more skillful care of the sick.

READING FOR THE SICK.

MISS KULZICK in her paper on Reading for the Sick has presented a group of books from which the taste of almost every reader can be satisfied. She has not touched, however, upon the magazines from which so many people derive entertainment and information concerning the vital questions of the day.

To thoughtful men and women who, even during periods of invalidism, keep their grasp upon the questions of the hour, we think perhaps the *Outlook* gives most concise and definite information. *The Review of Reviews* is popular, also, with many readers, covering as it does a greater range of subject matter.

There is hardly a child under fourteen for whom amusement and entertainment cannot be found in *St. Nicholas*. It contains many suggestions which can be utilized for the entertainment of the child as soon

as he has strength to use his hands. Of the older literary magazines, the *Century*, *Harper*, and *Scribner* have always held a prominent place in our estimation, and among the other monthlies from which we derive great entertainment *Lippincott's*, the *American Magazine*, and *McClure's* are constantly to be seen in the hands of travellers and are no less welcome in the home. To many a woman who has not regained her vital interest in life the *Delineator* with its bright illustrations and its excellent short stories will give a great amount of pleasure. This magazine is no longer to be considered in the light of simply a fashion magazine. Its child rescue campaign, recently begun in the interest of homeless children, places it in the front ranks of those magazines which are conspicuous in the work of bettering living conditions. In the November number, the announcement was made that there are two hundred thousand homes in America without children and that there were twenty-five thousand children in New York City alone without homes. During the month that followed, three hundred requests for children were received through the mails by the *Delineator*, women and men making journeys of a thousand miles to secure one of these little waifs. With the quack medicine crusade waged by *Collier's* during the past year or two, and the sex education of the child on the part of the *Ladies Home Journal*, there are hardly any of these magazines which the nurse may not choose with pleasure and profit not only to read aloud but for her own edification.

Although not included in either popular or nursing literature, we must not forget *Charities*, that little magazine which deals with all phases of philanthropic work and treats those problems of public service which are so closely allied to nursing that every progressive nurse needs it for the broader understanding of her work.

In regard to all so-called social questions there is no doubt that a popular magazine with a large circulation among the people can do greater work than professional journals either nursing or medical.

Frequently when books cannot be afforded or easily obtained the nearest railroad station or news stand will supply a magazine which will afford diversion for a number of days and at a cost so reasonable that if the nurse is obliged to bear the expense herself her personal advantage compensates her for the outlay.

THE PROBLEM OF THE SMALL HOSPITAL.

A. W. in Letters to the Editor has renewed the discussion of an old problem, one that has never been satisfactorily solved, for small hospitals which are isolated.

For those which are sufficiently near large centres where there are hospitals for the treatment of special diseases like the eye and ear, orthopedic, children, or obstetrics, it is possible through the influences of state registration to enter into affiliation with one or more of the special hospitals which are having the same difficulty in securing pupils, and in that way, through a process of rotation, be able to offer excellent inducements to desirable pupils to enter upon a course of training. Many women are more attracted to small hospitals than to larger ones and we believe that in the future we are to see greater development in training schools upon these coöperative lines than in the past as it would seem to be the only practical solution of the nursing problem for a variety of institutions.

To those hospitals which are isolated by long distance from other hospitals, the question is a much more serious one, and we confess frankly that as yet there has been no satisfactory solution of the problem of service offered. There seems to be only one way to carry on such schools and that is to depend on the young women of the immediate vicinity, the hospital making every effort to supplement the limited practical experience with very careful class instruction and demonstration on those subjects which can not be supplied for practical observation.

The employment of graduate nurses in the smaller hospitals is frequently advocated, but putting aside the question of expense, which of itself would debar this practice in most public institutions, we have to face the fact that desirable graduates, women who have had excellent training, and who are successful in other lines of work, are not willing to do the work of the public ward of a general hospital.

The subject is one upon which an exchange of experience would be of inestimable value. We hope that A. W.'s letter will call out a very general discussion.

FULL RECOGNITION ACCORDED THE NURSING PROFESSION.

THE Regents of the University of the State of New York have added a committee of nurses representing the New York State Nurses' Association to the Advisory Council. This Council is composed of the deans or heads of professional schools, engaged in active teaching. They have no official powers or prescribed duties but are exactly what the name implies a council of advisers in case the Education Department wishes to obtain the views of those who are in teaching positions. This Council has representatives from the following departments of education: Convocation, college, academic, library, medical, dental, pharmacy, and

now nursing; appointed at the University convocation held in Albany, October 17 and 18, 1907.

The Nurse Training Council is composed of the following members: Miss Annie W. Goodrich, R.N., Superintendent Nurse Training Schools, Bellevue and Allied Hospitals, New York City; Mrs E. N. Simpson, R.N., Superintendent Nurse Training School, Albany Hospital; Miss M. L. Jones, R.N., Superintendent Nurse Training School, Rochester City Hospital; Miss Ida M. Root, Superintendent Nathan Littauer Hospital and Nurse Training School, Gloversville, N. Y.; Dr. William L. Russell, Medical Inspector State Lunacy Commission, Poughkeepsie, N. Y. It will be seen that those selected represent different classes of schools and different sections of the state, and are among the most representative teachers of nurses that we have.

MISS NIGHTINGALE HONORED.

KING EDWARD has conferred upon Miss Florence Nightingale the decoration of the Order of Merit. The order was founded in 1902, and Miss Nightingale is the first woman so distinguished.

In speaking of this an English clergyman comments upon the fact that while in the United States he saw a window in the chapel at Cornell University, with her picture and the legend, St. Florence Nightingale. Nurses love to honor their patron saint in such small ways as are possible. The nurses' home of the Presbyterian Hospital, New York, is called the Nightingale Home, and at the Minnequa Hospital, Pueblo, Colorado, her likeness is reproduced in mosaic on the outside of the building. The only Nightingale Hospital of which we have heard is that at Scutari; there may be others.

GOOD EXAMPLES.

THE Graduate Nurses' Association of New Hampshire at its annual meeting voted that a committee be appointed to ask every nurse in the state to give three dollars toward the endowment of the chair in Hospital Economics at Teachers' College. Miss Robertson, the chairman of this committee, has sent out circulars in accordance with this decision, asking each recipient to contribute, and with this is inclosed a reprint of the report of the delegate to the Associated Alumnae, Miss Truesdell, that each member may be informed on the subject.

We understand that pledges are coming in very slowly, and we want to remind those associations that have not yet brought the matter

before their members that the subject should be attended to immediately, as it is easier to reach nurses during the winter season when they are more interested than at any other time of year

We commend the measure adopted by the New Hampshire State Association and also that of the Mt. Sinai Alumnae described on another page.

CAMPING IN THE YELLOWSTONE.

THOSE members of the Associated Alumnae who are planning to attend the convention in San Francisco next May, and who would like to include in their itinerary a camping trip through the Yellowstone, will be glad to hear that the inter-state secretary, Miss Sly, is planning to form a party for that purpose. She has taken the trip and found it delightful. No outfit need be prepared, as all necessities are rented at the Park. For further information address Miss Sarah E. Sly, Birmingham, Michigan.

THE JOURNAL STOCKHOLDER'S MEETING.

THIS year the meeting of the JOURNAL stockholders is unusually important, and representation from the associations holding stock is most desirable. In the past, when individual or association stockholders could not be present, the proxy papers were sent to the person asked to act for them, who presented them to the meeting as their vouchers. This year the secretary requests that such proxies shall be mailed to her address before the time of the meeting, with the name of the person appointed to act, plainly indicated, and the sender's name attached. This it is thought will simplify the routine work of the stockholders' meeting, but a proxy properly executed and presented by a member will be honored when the old method is preferred by a stockholder.

A PLEA FOR SUBSCRIBERS.

JUST at this time of year, when organization life is most active, we wish to place the needs of the JOURNAL before the members of the Associated Alumnae. The magazine belongs to our national association morally, as it is under its control, by virtue of the fact that its directors, its editorial staff, and its stockholders are all members of that association; and it behooves us to be loyal to our own publication. An increased circulation means always a better JOURNAL. Too often a group of nurses living together take one JOURNAL in common, though if each one

were asked whether she had sufficient pride in her own magazine to help support it to the extent of two dollars, she would probably reply in the affirmative. We ask for such support from each member, whether she has an opportunity to read the JOURNAL without subscribing to it or not.

Occasionally a nurse is so situated that she feels that she cannot afford even the two dollar charge. In that case, if she will exert herself to procure three new subscribers at the full rate of two dollars, she will receive a copy for herself without charge for a year. Or if a group of five wishes to secure the JOURNAL at reduced rates and will send in five subscriptions together, each may receive her copy for one dollar and a half a year. It seems as if no one need do without it, no matter how poor she may feel.

We wish each association belonging to the Associated Alumnae would add a periodical committee to its list, which would have for its work the gathering of subscriptions to the JOURNAL for many a nurse is too indifferent to take the trouble to send in her own subscription. Sample copies of the JOURNAL, circulars, and subscription blanks, may be obtained at any time from the publishing office in Philadelphia.

No nurse is qualified to engage as a member of a committee in any of the lines of organization work who does not keep herself closely in touch with the progress of nursing the world over as presented in the official organ of the Associated Alumnae. Many nurses content themselves by writing to the Editor when a problem presents itself, about which, if they had been constant readers of the JOURNAL the subject would not only be familiar but the opinion of many contributors be known.

WATCHWORDS FOR THE NEW YEAR.

WITH the opening of the new year of 1908, affairs in the nursing world seem to be somewhat more passive than for several years past, owing to the fact that state registration, which has undoubtedly caused much of the agitation, has been established in so many states, that its principles are rapidly being accepted, and the administration of these laws is being carried forward so quietly and moderately that their elevating effect is hardly recognized by any but those actively engaged in this work.

In those states where laws for state registration have failed, there would seem to be only two causes: first, a constitutional defect, which eliminates women arbitrarily from state affairs of every kind; and the other, individual personal influence and commercial opposition, suffi-

ciently powerful to temporarily control the legislature. This last difficulty will, with education and changes in legislative membership be removed, and it requires only persistent agitation and effort on the part of the nurses' associations to finally accomplish the end. In the mean time, the work being done in states where registration is enforced is the strongest influence which will help the others in their efforts.

The watchwords for the coming year in every line of nursing work, whether educational or legislative, should be courage, coöperation, and persistence. It is when there is no specially exciting object before us that inertia increases, and the moment that we begin to drift, we must go backward.

With our New Year's greetings to our readers everywhere, we make this appeal for closer coöperation and for more aggressive courage in carrying forward those plans, whether local or national, which are necessary for the welfare of the nursing body as a whole.

THE RED CROSS.

THE New York State Branch of the American National Red Cross is publishing a little journal called *The Red Cross Magazine*, beginning with November, the first number of which comes to hand as we go to press. This contains an outline of the work being done in New York State with a description of the work of the Red Cross during the Home Week celebration in Buffalo, and a little history of the trained Red Cross dogs. Both of these papers are prettily illustrated. There are items about work in the state and in other parts of the world, of great interest. We shall publish in the next number a report of the work being done in Connecticut, which came to hand too late for this issue. Reports from the different states are solicited for this department.



EFFICIENCY IN HOSPITAL MANAGEMENT, THE NEED OF THE PERSONAL EQUATION IN SERVICE VERSUS PUBLIC PRIDE IN EQUIPMENT.*

By SOPHIA F. PALMER, R. N.

President New York State Board of Nurse Examiners

Two prominent features of the work in connection with the care of the sick are conspicuous at this time; first the improvement in building construction of hospitals and asylums, second the ever-broadening field of work and the importance of the educated nurse. In every section of this state, in fact of the whole country, we find hospital buildings of the most costly construction, finish, and elaborate equipment being supplied at what seems almost unlimited expense. We point to such hospitals with pride because of their graceful architecture, beauty of construction, and the effectiveness of the service rendered the sick within their walls.

In the great movement of preventive medicine as shown in the recently established tuberculosis crusade and in all the lines of social reform affecting the health of the people, we find the services of trained nurses absolutely essential for the consummation of the plans of the campaign. A few years ago there were only nurses who cared for the sick in hospitals and homes. To-day we have visiting nurses, tuberculosis nurses, milk station nurses, school nurses, settlement nurses, missionary nurses, and social service nurses. In every branch of nursing work the demand is for the more broadly intelligent and better trained woman, a demand which cannot be filled it has increased so rapidly.

At the same time with the inability to meet these demands in newer fields, we find a corresponding but more sharply felt embarrassment in the great majority of our hospitals owing to what seems to be a sudden decrease in the number of young women desiring to enter the nursing field, which reacts upon the usefulness of their administration.

The object of this paper is to solicit a more vigorous coöperation from this group of advanced thinkers along all of the lines that affect the administration of our hospitals for the sick and insane and for

* Read at the Eighth Session of the New York State Conference of Charities and Correction, State Capitol, Albany, November 13, 1907.

the care of the sick in their homes, in developing the training schools for nurses. If medical science and prophylactic measures are to bear practical results, the education of nurses must be progressive and not retrogressive. We must have greater numbers of better educated women to train, and constantly improved facilities for their development in order to keep pace with the demands of the age.

It is impossible to deal with all of the features of this great problem at this time and I shall present only certain aspects of it briefly from a nurse's point of view. To do this I must return for a moment to what is known as the Nightingale movement which had for its object the substitution of intelligent, reputable women for the illiterate, drunken, and immoral classes which had constituted the lay nursing force of hospitals and private homes. The immediate result of intelligence where ignorance had prevailed brought about the greatest reform in the administration of public institutions that the world has ever seen. What is known as the training-school system has spread out, seemingly of its own volition, with the greatest rapidity over practically the whole of the civilized world, but from the fact that the training of nurses had in the beginning no established educational basis, that every hospital, large or small, qualified or otherwise, has been a law unto itself, and that those not equipped to give a nursing education have been largely in excess of those qualified to do so, the results have been most chaotic.

At this time when the services of educated women, well trained in nursing, are in greater demand than ever before, especially in all the lines of prophylactic work, the indiscriminate criticism of nurses as a class is most severe. The whole body is suffering from the commercial spirit and ignorance of its *partly trained and temperamentally disqualified members* whose service to the public is unsatisfactory.

With our hospital buildings and equipment better than ever before, the personal care of the patients is threatened because of what seems to be an alarming shortage of applicants for training. Instead of having an inexhaustible supply of probationers from which to choose, many hospitals are finding it difficult to secure enough nurses to carry on their work properly. In my opinion this loss of popularity, for such it seems to be, is not of so sudden an origin as we are led to believe. There are hospitals in many places that have had for years past difficulty in securing probationers enough of the right kind and now that the shortage is becoming more universal they are the loudest in their complaints as if it were a new thing.

The last report of the National Bureau of Education throws light

on the situation in the following figures: in 1880 there were fifteen training schools for nurses with three hundred and twenty-three pupils; in 1885, thirty-four schools, with seven hundred and ninety-three pupils; in 1890, thirty-five schools, with fifteen hundred and fifty-two pupils; in 1895, one hundred and thirty-one schools, with thirty-nine hundred and eighty-five pupils; in 1900, four hundred and thirty-two schools, with eleven thousand one hundred and sixty-four pupils and in 1905, eight hundred and sixty-two schools, with nineteen thousand eight hundred and twenty-four pupils,—an increase for the last five years reported of four hundred and thirty training schools calling for eighty-seven hundred and sixty pupils. For the last year reported—1906—there is an increase of one hundred and twelve schools with a gain of twelve hundred and twenty-eight pupils. These figures do not include the correspondence and short course schools which are springing up all over the country and adding to the confusion. They would seem to demonstrate that the fault lies not altogether in the decreasing number of women ready to undertake nursing work as much as in the rapid development of hospitals bringing an increasing demand which has come so suddenly that it can not be met. It has not been proven in any of the arguments that have been used that either state registration, the three years' course, or the one year high school requirement of New York State has been sufficient to explain the lack of applicants. The shortage seems to be more seriously felt in those states that are without registration laws. The one year high school requirement of the New York Education Department while it stands on paper has never been enforced, and the three years' course is practically the only one of these three reasons that remains a doubtful cause.

From my own point of view and that of many of my colleagues in the nursing field, there are four reasonable causes for this serious lack of material with which to carry on our hospitals and recruit the nursing ranks.

1. The increasing number of hospitals being constantly erected, already referred to.

2. The unusual prosperity of the country which makes it possible for greater numbers of women to remain in their homes and which has opened for those who must work so many new lines of occupation offering an immediate means of support, shorter hours, greater personal freedom, and a better social status than that afforded nurses.

3. In the early days of our training-school work we have drawn largely on Canada for our supply of probationers. Canada in those

days was without hospitals except in its few great centres. Within very recent years Canada has, like the United States, established hospitals in every small city and town, and with an unlimited number of Canadian women trained in American schools to organize these hospitals and training schools, the supply of nurses for the United States has fallen off very materially. Canada is still sending to the United States, so I am informed, great numbers of highly educated women of the type that formerly found employment in our hospitals, but these young women, because of the hardships of nursing, both in the hospital and in private duty, are taking up newspaper or other literary work and other forms of occupation less arduous than that of nursing, and with remuneration equally good or better.

Nursing has never been a very popular field with American women, conditions have been so hard and other occupations so numerous. A nurse alone on a private case is supposed to work eighteen hours out of the twenty-four, Sundays included. If she meets the full demands of the family, she has a working week of one hundred and twenty-six hours. In a few of our hospitals, under the very best conditions, where an eight hour day is established, nurses work fifty-six hours a week on day duty, and eighty-four on night duty, but a working day varies in hospitals for the sick and insane from eight to fifteen hours.

While working conditions for the pupil nurse in training have improved of late years, the strain upon the women holding executive positions has not been lessened. Many of our most able teachers and hospital workers in this executive class are broken in health and their usefulness is impaired if not altogether destroyed after five, ten, or fifteen years of devotion to the welfare of our hospitals. It has always been to me one of the great mysteries of modern philanthropy that while on the one hand hospitals are established to alleviate suffering and restore the sick to fields of activity; by the unreasonable demands upon the people who do the most important part of the work, another set of invalids is created. This reacts upon the best interests of the institutions by the numerous long vacations required or the frequent loss of an executive officer or valuable nurse just when her services have become of greatest value.

In recent years, with Canada's supply being largely absorbed by its own requirements, or seeking fields more congenial, we have to face the problem of making nursing more popular with the young women of our own country and giving to the nurses of the future those things which the pioneers have lacked and have felt the need of, and of creating a place which shall be definitely theirs in the ranks of the world's workers.

4. The most serious cause is the failure of the great majority of our hospitals, both large and small, and in every state, to meet fully those obligations which the three years' course imposed. I feel personally, after my many years of hospital service, that the hospitals have themselves largely to blame for this situation.

The three years' course was instituted upon the recommendation of the American Society of Superintendents of Training Schools for Nurses, a group of women who had been teachers and executive officers of hospitals for so many years that their judgment was considered to be trustworthy. It has been almost universally adopted. The plan, briefly outlined, was that with the extension of the term of training from two years to three, the third year being unquestionably of great advantage to the hospitals, they should in return increase the nursing force, shorten the working day from ten or twelve to eight or nine hours, provide regular and skilled teachers in place of the necessarily irregular instruction given by volunteers of the medical staff, lighten the domestic drudgery by the employment of greater numbers of ward maids and cleaning women, and improve the food. It would be interesting if we could know honestly how many of the hospitals now suffering from a shortage of probationers have not complied with these conditions and yet are holding the nurses for the third year under the same conditions as when the two year course was in operation. Statistics, however gathered, are unreliable on this point. Courses of study and hours of duty on paper are not always adhered to in practice.

Boards of managers may well turn their attention to this problem of service in our hospitals. If economic conditions have so changed that the young women of our country will not enter the hospital service because of its hardships and privations, should they not look the situation squarely in the face and see that the most serious cause is within their own walls?

The nature of nursing work, because of its character of personal service, appeals so strongly to women, that pupils of desirable character rarely wish to give it up when once it has been entered upon, but it is impossible to arouse the professional and philanthropic spirit until after the young women have entered upon their course of training. Graduate nurses who have endured the physical and mental strain of hospital service with the long hours of work and monotonous and insufficient diet, realizing the short span of their working years, because of the hardship of the calling, and feeling discouraged by the overwhelming criticism of nurses everywhere, are advising their

younger sisters or the daughters of their friends not to enter the nursing field. This I consider to be one of the most alarming results of this retrograde movement, for without a continuous supply of intelligent well-educated young women the care of the sick and of the insane must deteriorate, our magnificently constructed hospitals and asylums fail of their highest purpose, and the whole broad field of preventive medicine be handicapped. No word of mine is necessary to point the fact that with buildings and equipment of great simplicity the very highest order of work may be accomplished in the care of the sick and mentally afflicted, provided the medical and nursing services are of the highest order of intelligence and skill. No amount of marble and glass will take the place of professional intelligence nor will enthusiasm or sentiment be accepted in the place of thorough training.

It is thirty-four years since the first training schools were established in this country. We have now a large group of intelligent, experienced women who have given their lives, so to speak, to nursing work, who have been influential in bringing about great reforms in the hospitals where training schools were first established and who have helped in the building up of hundreds of the institutions of the sick and the insane of which this country is justly proud. These women are not theorists, they are the practical workers. They know from actual doing what nursing in hospitals and private duty is, of the demand which it makes on heart, brain, and bodily strength of those who engage in it conscientiously. All over the world, from New Zealand, Australia, England, Germany, Japan, France,—with its oldest nursing system, which is among the last to fall in line,—and China, which is just awakening, we find these nurse leaders agreeing that a more uniform system of education and better living conditions are necessary for the nurse of the future.

Medical men are divided on this subject. One group agrees with the nurse leaders, while another group, with seemingly sincere motives, believes that it is too much education which is causing the present situation and that we need to return to a shorter term of training with little theoretical instruction, corresponding to the apprentice system of the earlier days of training schools. Certain it is that we have come to a parting of the ways. Thousands of young women are no longer standing in line waiting for the opportunity to do the hard work of our hospitals in return for the experience which they gain, but the hospitals have become the seekers.

These women whom I describe as leaders united in organization

in this country thirteen years ago. The motive for such organization as stated in their first constitution drafted was to raise the standard of nursing education, which would provide better nursing care for the sick, etc.

Practically with the same objects the Nurses' Associated Alumnae was organized three years later which is composed of both members of the teaching force and of nurses of every kind and grade, numbering now over twenty thousand.

The need of better teaching for nurses was anticipated by the serious thinkers in these organizations almost from the first. The course in Hospital Economics at Teachers' College which was established eight years ago under the direct auspices of the Society of Superintendents of Training Schools, has been supported by the nurses of these two organizations and a colossal project is now under way for raising a permanent endowment. This course which is now entering upon its ninth year, has for its object the fitting of graduate nurses to be teachers in training schools. Its value has been demonstrated. The burden of providing better teachers and more highly experienced officers of hospitals should not, however, devolve entirely upon the shoulders of nurses themselves.

State registration which was the next step in the nursing movement toward better education, has for its object greater uniformity in methods of training and a means of discriminating between those women who are sufficiently trained and those who are not. There are now twenty-eight state associations of nurses organized for the purpose of securing such a system of registration, of this number, sixteen states have passed registration laws, ten of which have been in operation sufficiently long to have demonstrated their practical value.

Under the Nurse Practice Act of New York, the most far-reaching of any of the laws in effect, the training schools of the state are very slowly being brought into greater uniformity of methods of teaching. The defects in methods or of lack of experience are brought out through the examinations and the Department of Education has definite information upon which to work, but these laws for state registration are not compulsory. In no state is the hospital obliged to be registered and no nurse is prohibited from practicing nursing provided she does not claim to belong to the registered class. Unaided, the reforms through state registration must work very glowly. In our own state of New York the Education Department, through which the law is administered, can require advanced methods only so rapidly as the great majority of hospitals are willing and able to coöperate.

We need greater liberality in the public attitude toward the nurses who care for the sick and insane in our hospitals. It is not enough that we have superb buildings and the very highest type of medical service, but the women who bear the stress and strain of the life and death battle constantly taking place within their walls must be women of character, of intelligence, and absolute trustworthiness,—they should receive greater consideration in their manner of living, and in the thoroughness of the training which they are endeavoring to obtain. Without preliminary education and intelligence sufficient to appreciate the responsibilities of a nurse's life, the standard of nursing education must deteriorate and its reflection be felt not only in the hospital but in all of the lines of work in which nurses are engaged.

At the present time there seems to be no other place for the entire training of nurses than the hospital. Institutions established exclusively for the care of the sick and insane have become through the demands of the age very important educational centres. Whether they shall remain always the only schools for the entire training of nurses is a question to which many of my colleagues are giving very serious thought. The introduction into the hospital of classes and lectures, study hours and examinations, has complicated the administration of those institutions to a degree which only those concerned can appreciate. Many women like myself who have had to plan day after day for this double service of care of the sick and justice to the pupil in training are coming to believe that a part of the nurse's education should be conducted outside of the hospital and before the nurse enters upon her term of service, that one year of the three should be spent in a central school or nursing institution or college and the remaining two be devoted to observation and practical experience which the hospital only can afford.

This college idea is simply the broadening and centralization of the preliminary courses which have now been generally adopted by the leading hospitals of many states and which are recommended by the board of education. Central schools would lessen the cost to the hospital of such preparatory work, and would give to the smaller schools women equally well grounded for the practical training. In such a nursing college the professional idea could be developed, the moral obligations of nursing instilled into the mind of every pupil, and a proper appreciation of her place in the home and in all the social problems in which she is to become so important a factor. A clear line of demarkation between medical responsibilities and nursing responsibilities would be drawn. Medical subjects would be taught

in their relation to the practice to nursing and not in relation to the practice of medicine as is now too often the case. Her place in the medical world, for such it is, would be clearly defined. Allied subjects such as hygiene, domestic science, dietetics, bacteriology, etc., would have their proper places in her education and the hospital be relieved of the burden of such instruction.

This plan calls first for a large endowment for the establishment of a separate college or for a department of nursing in those universities already in existence, and with our training schools in New York State already placed under the supervision of the Department of Education, this broader development would seem to be the next step in nursing education. Such a plan would create a better recognition of the nurse's status and would attract to the nursing field greater numbers of educated women than we can hope to secure with our present lack of standing.

This college plan of course is one more for the future than for the emergency before us at the present time, for such we may almost call it. If for a time the enormous outlay of money which is now being expended in building and equipment could be utilized for the development of the *service* in our hospitals, I believe we should see an almost immediate reaction in the nursing situation. A complete eight hour system is the most pressing need. This would entail increasing the accommodations for the nursing staff and add materially to the cost of maintenance. The second step should be to secure greater numbers of employees in the domestic class,—cooks, ward-maids, orderlies, etc., all well paid, so that the services of reliable workers could be secured and retained. Third, permanent and better paid heads of departments. Nothing is so demoralizing to good administration as frequent changes in the executive staff.

With shorter hours, less of the domestic drudgery, and a constantly developing educational status, hospitals would soon regain the popularity which they seem to be losing. Those schools within the state which have responded to the requirements of the Education Department report a growing improvement in their numbers of desirable applicants, and those schools which have always maintained such high standards, both in New York and in other states, where registration has been in force, have not been inconvenienced by lack of pupils.

We have to recognize the fact that there has arisen economic competition in the outside world which makes these concessions absolutely necessary. When the hospital requirements have been fully met, the demands of the home and of the great field of preventive medicine

will take care of themselves. The personnel of the hospital service is of vastly greater moment than the development of buildings or of luxury of equipment.

READING FOR THE SICK

By JOSEPHINE KULZICK

Assistant in the Milwaukee Public Library

“GIVE me something cheerful and entertaining; it’s for a sick person.”

Every attendant in a public library becomes more or less familiar with this request. It is made daily. Something cheerful! Everybody wants it, even those who are well. The demand is so insistent that the purveyors of humor ought to have no difficulty in disposing of their wares, for to most people humor represents the very essence of cheer and they turn to it instinctively when seeking literary entertainment for themselves or others.

And yet, strange as it may seem, considering how our presses creak and groan with the burden laid upon them, in the matter of cheery books or purely humorous writing there remains a wide gap between supply and demand. Good mirth-provoking literature is not easy to find. The easiest books to read are always the hardest to write, and the refreshing gift of humor is a thing quite apart from literary skill. It is a quality, an atmosphere, too elusive to be caught, else our enterprising scribblers would scarcely allow this dearth to exist.

Among the yearly output of books foisted on an innocent public there is always a substantial quota labeled “humor;” but most of it is poor stuff unworthy the name. It is forced, vapid, and utterly lacking in the essence and spontaneity of the genuine article. The counterfeit is so obvious that few readers are either deceived or amused.

A little nonsense now and then
Is relished by the wisest men;

but the nonsense must bear some sort of relation to sense or it has no point, no significance. Real humor is nothing but wisdom enjoying a lark. To be a great humorist one must be something of a philosopher.

A book may be exceedingly humorous, however, without being the least bit cheerful, and vice versa. It may be humorous in its irony and pathetic in its truth; or it may be pathetic in its efforts to be amusing and humorous in its failure. What sick people need is some-

thing soothingly diverting rather than hilariously funny. The humor that would send a person in good health and spirits into gales of uproarious laughter may not tickle even faintly the risibles of one in disease. The normal and abnormal view points are different; it can not be otherwise.

The substance of the ideal book for the sick will be of a light entertaining character, easy to follow and easy to forget. It may stimulate gently but should neither excite nor depress for any tension of emotion or suspense may be productive of ill effects. Sick people are peculiarly susceptible to impressions and for this reason it is very important that nothing of a grewsome, tragic or problematical nature be presented to their minds. They have no force to spend in mental agitations.

As an example of the sort of fiction not to put into the hands of a nervous patient I might cite that admirable and absorbing little novellette "Amos Judd" by Mitchell, which so excited a reader recovering from nervous prostration that it brought on an attack of palpitation of the heart. It might not affect another reader in this way but it is better to take no chances.

Short stories, I think, are best, such as Stockton's "A Piece of Red Calico," "His Holiday in Bed," and those of similar character. Novels, unless read in brief installments, are apt to be too fatiguing. Certainly those of any length should be avoided, except, perhaps, where the patient is well along on the road to recovery.

It is not necessary, however, to make one's selection from the swollen stream of fiction. There are other lines of reading fully as entertaining and far more profitable. Delightful books of travel, beautifully illustrated—another source of diversion for the invalid; biographies dealing with the real affairs of real people, often in a fascinating way; and the whole range of literature proper, drama, letters, essays and the rest.

Of course much depends on the taste and culture of the reader. What one person enjoys hugely another will find utterly flat. For instance, one familiar enough with historic characters to remember the roles they played in the world's history would find "The Houseboat on the Styx" by Bangs exceedingly diverting while a reader without that knowledge would just as surely be bored. Those who have formed a taste for work of the Laura Jean Libby or Dare Devil Dick type will find anything from the legitimate field of literature tame and uninteresting at first.

Of the shorter novels I should recommend such stories as Mrs. Wiggins' "Rebecca of Sunnybrook Farm," "A Cathedral Courtship,"

and the fresh and buoyant "Penelope" stories. These latter are particularly delightful, combining as they do the human interest of a work of fiction with the descriptive touches of a book of travel. Anything Mrs. Wiggins writes is likely to be entertaining.

Ford's "Wanted a Chaperone;" Hoyt's "Misdemeanors of Nancy;" Harland's "The Cardinal's Snuff Box;" Tarkington's "Monsieur Beaucaire;" Allston's "Her Boston Experiences;" "A Romance in Transit" by Lynde; "One Summer" by Blanche Howard; "In the Cheering-up Business" by Lee; "Kitty of the Roses" by Barbour; "Blix" by Frank Norris; "On the Firing Line" by Ray; "Tryphena in Love" by Raymond; "Minerva's Manœuvres" by Loomis; "A Literary Courtship" by Fuller; "The Romance of an Old Fool" by Roswell Field; "Geoffry Strong" by Laura E. Richards; and "The Making of a Marchioness" by Mrs. Burnett are all light and bright enough to answer our purpose.

Then there is the inimitable "David Harum" by Westcott; "Butternut Jones" by Tilford; "The Fugitive Blacksmith" by Stewart; "Colonel Carter of Cartersville" by F. Hopkinson Smith; and the works of J. C. Lincoln, all of which will appeal particularly to men. "The Duet" by Conan Doyle, which takes a young couple through the first year of their married life and then leaves them to their fate after the arrival of their first baby; the somewhat similar "Story of a Baby" by Ethel Turner; "Emma Lou" by Mary Mears; "Doctor Zay" by Mrs. Phelps; "Rudder Grange" by Stockton,—in fact any of his novels; and Mrs. Sidgwick's "Cynthia" stories are all worthy of mention in this connection.

The bachelor maid not wholly dissatisfied with her estate ought to find some enjoyment and appreciation in the pages of "Under My Own Roof Tree" by Adelaide Rouse, a story of middle life with a thoroughly middle age flavor about it. Not a remarkable book in any particular but one entirely readable, and conventional only in that the heroine has been equipped with the two customary lovers one of whom she properly marries in the end. Written in the first person, it reads more like autobiography than fiction. Perhaps it is. There is a saying that in fiction everything is true but the names, while in history it is just the reverse.

Lillian Bell's "Love Affair of an Old Maid" is equally interesting but does not terminate with a wedding. Another nice, tranquil story about old maids which, to quote an old lady who has outlived her romanticism, "begins without mush and ends without mush" is Mrs. Gaskell's "Cranford." This story will not recommend itself to souls

athirst for ardent love-making, but in "In the Lifting of a Finger" by Ina Brevort Roberts, a clever bit of fiction, the heart interest is intense and sustained throughout.

Most people would probably include in a list of this kind the contagious "Mrs. Wiggs of the Cabbage Patch." To me it is not a cheerful book, quite the contrary. The shallow optimism that springs from such crass ignorance as is embodied in Mrs. Wiggs is pathetic in the extreme. Besides, the most heroic figure in the story succumbs to consumption and sick people should not be confronted with the ravages of disease. They do not want to, if they can avoid it, as the plea of one victim, "For God's sake, give me a story without a cough in it" sufficiently proves.

To the short stories already mentioned I would add Bunner's excellent "Short Sixes;" "Pratt Portraits" by Fuller; "Marjorie Daw" by Aldrich; the stories of Ruth McEnery Stuart, especially "The Second Wooing of Selina Sue" and "Napoleon Jackson;" "The Dolly Dialogues" by Anthony Hope; "Cheerful Americans" by Loomis; and for those interested enough in child nature to enjoy reading about it: Josephine Daskam's "The Madness of Philip;" "Helen's Babies" by Habberton; "Emma Lou—Her Book" by Martin; Graham's "Golden Age;" Crane's "Whilomville Stories;" Annie Hamilton Donnell's "The Very Small Person;" and Myra Kelly's unmatchable "Little Citizens."

For those interested in the theater no book will be found more thrilling than Clara Morris's "Life on the Stage." It sweeps one along from cover to cover. While "The Autobiography of a Newspaper Girl," by Elizabeth Banks, has at least one chapter that will raise a laugh in any one and is crisp and breezy all through. "The Making of an American" by Jacob Riis is delightful in its frank simplicity, and Madame d'Arblay's "Diary and Correspondence" though somewhat lengthy has been pronounced "a book for the bedside, and for occasional hours, either of relaxation or convalescence."

Nature lovers will find refreshment in the pages of Thoreau, Burroughs, Long, Seton-Thompson, Torrey and a score of others. "Flowers of the Pave" by Skinner, and Mabie's idyllic "Under the Trees" should not be overlooked, nor the literary garden books such as "Elizabeth and her German Garden," "A Solitary Summer," and "The Garden of a Commuter's Wife" published anonymously; "An Old Country House" by Le Gallienne; "An Island Garden" by Celia Thaxter; "My Summer in a Garden" by Warner and many others which will be found on the shelves of almost any public library.

Of the lighter poets who have made a name in their chosen field are Austin Dobson, James Whitcomb Riley, Eugene Field, Sam Walter Foss, Ben King, J. C. Lincoln, Oliver Herford, and Carolyn Wells. In the department of humor we have "Four Hundred Laughs," "Bulls and Blunders," "The Joe Miller Jest Book,"—the parent of all our jokes; the farces of Howells and Bangs; "The Comic History of England" by Nye; "Three Men in a Boat," "Idle Thoughts of an Idle Fellow," and "On the Stage and Off," by Jerome; and the various works of Mark Twain and Max O'Rell.

Harris's "Uncle Remus" and Marietta Holley's "Samantha" stories have entertained scores of readers, as have also "Dream Life" and "The Reveries of a Bachelor" by Mitchell. In the essay line there are the admirable works of Agnes Repplier; "Imaginary Obligations" by Colby; "Lucid Intervals" by Martin; "The Gentle Reader" by Carruthers; and "The Spinster Book" by Myrtle Reed who recently abandoned sphinsterhood. "The Letters Of a Self-made Merchant to his Son" by Lorimer belongs in a class all by itself and has found, as yet, no successful imitator. It is witty and full of practical common sense but is thoroughly pervaded with commercial spirit. Its sequel is just as good or better.

Every one interested in music and musicians ought to make acquaintance with the charming collection of letters published under the rather formidable title of "Music Study in Germany" by Amy Fay. Miss Fay—a sister-in-law of the late Theodore Thomas—came in intimate personal touch with many celebrities of the day and she was keenly alive to their many eccentricities. These letters were not intended for publication and they give the details of her life among the Germans as only a clever girl gives them when writing unreservedly to her friends.

Of commendable books of travel there is no end; but as this list has grown so long already a few titles in this class will have to suffice. "An American Girl in London" and "A Social Departure" by Mrs. Coates; "A Girl in the Carpathian Mountains" by Menie Muriel Dowie; "The West from a Car Window" by Richard Harding Davis; "As Seen by Me" and "Abroad with the Jimmies" by Lillian Bell; the books of Clifton Johnson and of Mrs. Alec Tweedie; Kate Sanborn's "A Truthful Woman in California," "Adopting an abandoned Farm" and "Abandoning an Adopted Farm;" and last but not least the illustrated lectures of John Stoddard and Burton Holmes. These are deservedly popular with the reading public but they have one serious objection: their size and weight.

THE CARE OF CHILDREN WITH HARE LIP AND CLEFT PALATE BEFORE AND AFTER OPERATION

BY HELEN WAPSHOTT

Graduate of the Children's Hospital, Toronto

ONE of the deformities most frequently met with is that of hare lip and cleft palate, and in years past the prognosis in such cases seemed most unfavorable. However, with the better, broader understanding of aural surgery, and the continued advancement in the combined professions of medicine and nursing, the lessened danger of mortality and the wonderful changes wrought by the skilful surgeon, the future holds an aspect which is infinitely brighter for these unfortunate and afflicted children.

To the average observer, it might seem that the success of a cleft palate and hare lip operation depended wholly upon the surgeon, but the intelligent and faithful nursing and after-care has much to do with the ultimate success.

The appearance and condition of children upon admission to a hospital is usually emaciated, owing to imperfect nutrition. Therefore, the first duty is to select a food that agrees with the child, build it up, and prepare it for the operation; also, during this preparatory process, to carefully watch for any physical weakness, such as heart, lung, kidney and cerebral, as frequently these have resulted in dangerous post-operative complications. The commonest we have to contend with are:

1. Shock.
2. Pneumonia.
3. Intestinal Disorders.
4. Brain Complications.

Surgeons advise operating on these cases as young as possible, preferably one to two months old, as then the cartilage of the palate is soft and pliable and conforms readily to treatment. The lip is less sensitive and the child outgrows the scar to a very great degree. To completely repair the deformity of hare lip and cleft palate, three operations are necessary, viz.: hard palate, lip, and twelve to fifteen months later the soft palate is closed.

During the operation the child unavoidably swallows a great amount of blood; therefore, upon the return from the operating room, we give gastric lavage of sterile water, followed by normal salt solution



colonic flushing, washing out the alimentary tract as thoroughly as possible.

Our post-operative treatment is as follows:

(a) Castor oil two hours after operation. Dose according to age and condition of child, usually one to two drams.

(b) Brandy, five minims every three hours, for at least forty-eight hours.

(c) Retention enema of normal salt solution, two ounces, with brandy one dram. Given every four hours for first two days.

(d) Irrigation of mouth and nose with warm boric solution (one-half per cent. saturate solution) two pints every three hours the first twenty-four hours, and every four hours afterward.

An important factor in irrigating is the position in which the child is placed. After protecting the child with a small rubber sheet and towel, it should be put across the knee face down, using a syringe made purposely for these cases (see cut). One great difficulty we have to combat is an intestinal disturbance, caused by the amount of solution swallowed during irrigation, with even so weak an antiseptic as boric acid. Then, again, the accumulation of mucus secreted requires faithful and careful attention, therefore the irrigation in such cases is an essential which cannot be neglected.

For a temperature ranging from 102° or above, alcohol sponges are given. We also give tepid tubs (90° to 95°), which we find very effectual, keeping the child in from five to seven minutes.

For twelve hours after the operation, nourishment is withheld, sterile water being given freely. Then nourishment diluted one half is resumed, which is gradually increased until the child is given the full strength of food found suitable before operation.

In cases of hare lip and cleft palate, as in all others, each case presents individual points to be met and treated accordingly.

Prognosis: In an uncomplicated case, complete physical recovery, wonderfully improved appearance, and marked improvement in articulation.



Not wealth, nor fame, nor brilliant gifts of mind,
Nor length of life I ask of Thee, most kind
And gracious Lord: This blessing would I gain—
Grant to my hands the power of easing pain.

R. B. S.,
New Year, '08.

THE NURSING OF TUBERCULAR PATIENTS*

By SUMNER M. MILLER, M.D.

REMEMBER that you are in no danger of contracting the disease so long as you observe proper hygienic precautions; you may care for consumptives as safely as for any other class of patients. The sputum alone is the carrier of the disease and your most important duty will consist in the observance of proper hygienic precautions for destroying ALL the sputum, and in exacting these precautions of your patient.

Your next important duty will be the education of the patient:—as to the nature of the disease, the method by which he may protect the members of his family and the nature of the cure. This instruction should also extend to them. The necessary facts can only be sufficiently impressed upon them by repeated instruction.

RULES FOR THE NURSING AND CARE OF CONSUMPTIVES.

1. Instruct the patient not to swallow the sputum, lest tuberculosis of intestines result.

2. Disposition of sputum—provide suitable receptacles for the deposit of ALL the sputum; these should be kept clean.

Spit-cups—best those with pasteboard interiors; burn the pasteboard every day and supply a new one. Scald the tin in boiling water after cleaning it, before inserting new interior. Cuspidors—should contain an antiseptic, carbolic acid, or lime. Wash and scald daily, burn contents, they should never be allowed to become dry. Paper napkins may be used on the street, which may be deposited in a paper bag, and the whole burned. Use old cloths instead of handkerchiefs, and burn these when soiled. A cloth should be held over the mouth while coughing, that the fine shower of spray may not be disseminated. On no account allow the sputum to become dried.

2. CLEANLINESS.—In male patients, the beard should be shaved off or trimmed close, and cleansed daily, as it is impossible to prevent sputum from lodging in it.

Cleanse the hands and face of the patient frequently, and rinse and clean mouth before and after each meal, and on arising and retiring.

* Lecture delivered to the nurses of the Cottage Hospital, Peoria, Ill.

Bath twice each week. Change the underwear twice weekly. Avoid woolen clothing, in which the sputum may lodge, and which can catch dust. Use clothing that can be boiled, when possible, both for yourself and patient.

3. CARE OF THE ROOM.—If the patient cannot be cared for out of doors.

Choose a large airy room, with plenty of sunshine and many windows. Have the windows open constantly. It is not fresh air, but lack of it that makes people catch cold. The room must be simply furnished, no upholstered furniture, no woolen curtains; an iron bed is best, simple wooden chairs, and a single rug beside the bed. Have no carpet. No other person must sleep in the same room.

4. FOOD.—Must be wholesome, nourishing, abundant, easy to digest and well cooked.

Meals at frequent and regular intervals, five to six daily. All stimulants to be avoided absolutely. Avoid foods difficult of digestion, as very rich or highly spiced foods, pork, all fried foods, pastries, and most salads. Milk and eggs in abundance, the eggs best raw, up to twelve daily, and one to two quarts of milk daily.

5. DRUGS.—Avoid drugging the patient; there is no drug that will cure consumption. Drugs containing opiates are especially to be avoided, as many patent medicines and advertised cures.

6. EXERCISE.—Avoid fatigue and exhaustion. Rest and quiet conserve the strength of the patient best.

Confine patients to bed or wheelchair so long as they show temperature, especially if exercise causes temperature. Hence take temperature often, and especially after exercise. Carefully modulated exercise may be allowed after the temperature is normal, but not to excess. Exhaustion is deleterious.

7. HABITS.—Regularity of habits as to sleep, nine hours in bed, nine P.M. to six or seven A.M., as to meals, five to six daily.

8. CARE OF YOURSELF.—All of the foregoing applies to yourself, especially is personal cleanliness important. Wash hands after each contact with patient. Keep yourself in the best possible physical condition.

9. PSYCHICAL.—Keep your patient amused, cheerful and interested.

Combat any tendency to melancholy. Do not allow him to brood over his condition. Impress upon him the fact that he can be cured.

10. COÖPERATION.—Secure the coöperation and interest of your patient, and the family.

The physician and nurse can accomplish nothing without this. Hence you must educate them as to the nature of the disease, the methods of cure, by constant reiteration. Teach him not only how he may get well, but also teach the family how they may remain healthy.

OLD IDEAS IN NURSING

By MARY C. WHEELER

Superintendent of Nurses, Blessing Hospital, Quincy, Ill.

As we try to trace the thread of nursing through the many preceding years, we find most interesting stories from individuals which give us an idea of the many hardships and sacrifices experienced by our foremothers in their efforts to bring some comfort into the lives of many, who remember them with a closeness of friendship and a feeling akin to reverence, which is so many times lacking in these days of ours.

We, who are looking forward to "The History of Nursing," will doubtless find many of the ideas of nursing, generated years ago, that have been very tenacious of life and thought, perhaps, they have not grown, we still see them carried out in many homes of to-day, as the latest and best way of doing things. Many of these ideas have been handed down to us from the earliest theories of disease advanced by the learned followers of Hippocrates, and many have traveled a very straight road from the Demonic Theory.

But, if allowed to compare nursing with a sturdy tree, we can find its root in nothing else than the mother-love which is a part of every true woman's make-up. The trunk pierces upward through the centuries, showing a bark that is very rough and the branches have been many. But it is the nursing of to-day that represents the many smaller branches and twigs and is ready to show the color and hue of its work. The twigs could not be, had it not been for the growth between the root and the twig. Though much may seem ridiculous to us, all the experiences have left their marks and we can only select, advantageously, those ideas which are most promising to give a beautiful and useful shade, below.

In conversation with one especially charming old lady, who has lived a most useful life and whose appearance would justify one in thinking she had just stepped out of "Cranford," I find that the ideas she executed some fifty years ago are practically the same we see demonstrated in many places, to-day.

She, when a girl of twenty, was a teacher. Having a knowledge of books, it seemed that she might be well fitted to understand the physician's orders. Coupled with the fact that she was willing to give herself for others, she readily became a subject of imposition. Much of the nursing of previous times, was done by just those people who were the busiest and had the knack of pleasing.

At one time the minister's wife was very sick and finally died, after months of suffering. The teacher sat up every other night, and toward the end, every night, and taught by day. In answer to the question as to what she considered her duties, when sitting up, she answered, "Oh, I just sat there and sometimes when she seemed to have fever, I put cold cloths on her head. We had no ice, you know, and we just took the water 'from the north-east corner of the well,' as the saying is, and used that. We never thought of making the bed until the patient was able to get up. The doctor I had a great deal to do for, when caring for the neighbors, never thought of such a thing as allowing a patient to have a bath. Once I combed a head of hair, but I never did it again, for the patient died and some of the friends knew it was because the hair had been combed. Perhaps it was, but I didn't think so then, and I don't now."

Fever patients, especially typhoids, were nearly crazed for water to drink, which was religiously withheld. Many patients were not allowed a drink of water after noon, each day, because they might need care during the night.

The most unpalatable herb teas that could be planned and manufactured, as also, sulphur with molasses, have forced many a child to pull through a "severe attack" of most kinds of disease. Patients who have suffered with a dropsical condition of the legs, to the point where the fluid exudes through the skin, have sat for days at a time, with each foot in a wash-bowl to catch the fluid. "Running sores" on any part of the body, have been cured, by many a good nurse, who has applied small mustard plasters from one to two inches from the wound, until a blister had formed and begun to suppurate, when another was applied, and still another, at frequent intervals, until the chain of wounds had been carried to some distance, when, upon the bandaging of a good sized horse chestnut, at the end of the chain, the "disease" became cured.

And what happens to babies, is a long story! Some are copiously flanneled from the first, no matter what the weather. Some never feel flannel, for they must be toughened. If it were possible to follow the procession of what happens to the umbilicus—that ever fruitful source

for ingenuity—it would be a most interesting panorama. The greased, burnt rag, the unburnt rag, the two-cent piece or quarter, the pasteboard circle, the raisin, the horse chestnut, the green leaf snugly folded, the small flat bottle, the disc of wood and the peach-stone, have all served their mission between the baby and the binder.

What has entered baby's stomach, we can only pass by with a sigh and look forward to the disinfected baby, which may arise to the occasion at some future date.

As for what has happened to baby's nervous system, we can but conjure the picture of the southern mammy, who sits out-doors in sunshine or shade and, with the fortunate infant on her lap, croons the old-fashioned lullabys from her mother heart. Then conjure the picture of the infant of to-day, stalked with, night and day, screaming, fisting, weeping for more of mother's friend, Mrs. Winslow.

As for the simple wounds which happen in all families where there are children, the most frequent are the cuts. Something must be used to stop the bleeding. Freshly made mud, either with water or spittle, or a handful of nice, dirty cobwebs, always do the work. But it is deplorable how some children never demonstrate science and become infected!

You possibly have heard of the elder sister who was left at home, in charge of the younger members of the family, for one whole afternoon. Johnnie exerted himself, to become especially mischievous and eventually cut his fingers quite badly. The embryonic nurse, feeling her responsibility, did "what father always did" and hastened for a plug of tobacco, broke off a good, big piece and chewed it. The excitement and necessity went a long way to help her through the ordeal and finally the fingers were well plastered with the wet tobacco and the boy was saved. But the elder sister?

For many years the piece of salt pork has done wonders in the line of helping out the nurse. Either a-foot or a-neck, no matter where, it has, yet, untold virtues. As for poultices, certainly this practical point well demonstrates why the loaf of bread is the mother of the steam engine. The staid, old-fashioned flax-seed has been succeeded by a long series of articles, perhaps the most charming of any I happen to know of, are the pan-cake and the cranberry. A trained nurse of to-day might need resort to worse than these or to these, when occasion demanded, in some lonesome, forlorn place.

There is always a better until we reach the best. "Even the stars differ from each other in degree."

THE JAPANESE RED CROSS SOCIETY

By L. L. DOCK

A BOOKLET recently issued by the Japanese Red Cross (*Notice sur les Travaux de la Société Japonaise pendant la guerre Russo-Japonaise*) gives in brief form a very striking account of the wonderful activity of that society during the war with Russia, with a historical outline of the society. It seems that in the civil war of Japan in 1877, a society called *Hakuaisha* was founded at the instigation of four Japanese noblemen, to bring succour and relief to the sufferers, and after Japan had signed the Convention of Geneva in 1886, this society, desirous of continuing its existence, changed its name to that of the Red Cross Society of Japan, and was placed under the direct patronage of the Emperor and Empress and under the triple control of the Ministers of the Empire, of War, and of the Navy. Imperial ordinances define the status and relation to the government of the society with entire clearness, and it receives certain annual contributions from the royal family.

Beside two or three small local wars, the Red Cross has been active in six disasters of national importance and many local ones, but its overwhelming test came with the war with Russia.

A summary of the activities of the society during this war show that it had organized one hundred and forty-eight sanitary squads, one regiment of stretcher-carriers, one dépôt for supplies,—equipped two hospital-ships, provided five thousand individuals of both sexes for the different services, nursed the army hospitals and the marine hospitals, the various hospitals in Corea and Manchuria, as well as the hospital-ships and the evacuation transports belonging to the government, and expended in all, about four million dollars.

It is well known that the Japanese Red Cross trains its nurses according to the highest known standards of three years' thorough practical and theoretical training, and that the Japanese nurses are unsurpassed by those of any country.

The Association of Japanese Ladies, founded in 1887, lent most untiring and effective aid, in maintaining refreshment and resting stations at the railroads, in providing supplies for the hospitals, the wounded, and the expatriated soldiers; in conducting the correspondence of the latter; in looking after the prisoners of war, etc., etc. During the war, these women prepared two hundred and seventy thousand

packages of dressings upon the requisition of the Minister of War. The admirable feature of Red Cross work in Japan, it is well to point out, was, that volunteers were employed in every service where they could be useful, but that *only trained nurses* were assigned to nursing. There was none of the amateur, sentimental exploiting of sick and wounded men by volunteers longing for sensations and glory, that was seen in the South African War.

The little sketch alluded to mentions, with words of affection and respect, the long service given by Mrs. Richardson, an English lady who spent more than a year under the Japanese Red Cross, and also specifies the different services of the American nurses, of a small group of Germans, and of a French lady.

The Japanese Red Cross numbers about one million two hundred and forty-five thousand members. The Association of Japanese Ladies has forty-one local committees, with over ten thousand members.

THE PRESENT CONDITION OF INSTRUCTION FOR NURSES IN HOLLAND *

BY MISS VAN LANSCHOT-HUBRECHT

Secretary of the Holland Nurses Association.

I HAVE been asked to report upon the system of practical training given to nurses in Holland and I will begin by a general outline of our nurses' instruction and the conditions under which they work. Municipal and university hospitals, having a minimum of forty beds, were once regarded as the only schools for nurses, but exceptions to this rule are now common.

In general, pupils are not admitted before the age of twenty years; an effort is made to secure applicants who have had a high school education, yet young women are frequently admitted who have only passed through the primary grades. This inconsistency results from the necessity of staffing the wards. Young women of good social standing hesitate to enter a profession so difficult and requiring the most perfect health, and the directors of hospitals are compelled to have recourse to women less well educated.

The hours of duty are, as a rule, from eleven to thirteen, though in some hospitals only ten. Domestic labor, a large part of which ought to be performed by maids, takes up too much of the day. It would be far

* Read at the International Conference on Nursing, Paris, June, 1907.

better if hours now spent in cleaning and scouring were devoted to the patients and to making them forget their weariness and suffering.

The pupils are paid a small allowance. After three years' study, there is an examination for the diploma and badge. This examination does not last over an hour. The pupils are examined by those physicians who have given the courses of lectures, and though the *Directrice* (superintendent of nurses) is sometimes present, she takes no active part, not even putting any questions as to the *practical* knowledge of the pupil, which nevertheless belongs entirely to her domain. Armed with her diploma, the young nurse may then undertake private duty or seek a position as head nurse or even as *Directrice*; no special training for these different functions is to be had, though they require very different and special knowledge. For obstetrics and the care of the insane special courses and separate examinations have been established.

Before obtaining the diploma it is supposed that the pupil shall have passed through all the divisions of the hospital, but this requirement is often disregarded, and many women who leave the hospital have actually only worked in one or two divisions. They thus have only theoretical knowledge in certain lines of their work. This is especially true of operating-room service, to which but few pupils are admitted. The instruction comprises a set of lectures given by physicians, one hour weekly, and the ward work. The lectures are given on anatomy, physiology, therapeutics, pathology, and hygiene. As to the ward work, no instruction is given. As a rule, the pupils must depend upon the goodwill of the certificated nurses, or upon their own capacity for picking up knowledge. Assuredly, among the nurses there are some who regard teaching their juniors as a duty to be conscientiously filled, but they are by no means the rule, and not every probationer is fortunate enough to work under such advantages. Moreover, the number of certificated nurses is insufficient, and they have no time to teach thoroughly. For these reasons I find it necessary to admit that, with some exceptions, the education of our nurses is very inadequate (*tout empirique*).

As our hospitals are very well organized and administered, the pupil nurses acquire in their three years' course excellent ideas of cleanliness, discipline, and system, all very important in the training of a nurse. They also necessarily become well experienced in many duties for the sick, but they are not taught to understand what they do or to report what they observe. The more intelligent ones find ways of perfecting their professional education, by study outside of class, and by asking questions of head nurses and physicians. The greater number, however, leaving the hospital, have learned mechanically what to do in such and

such cases, but do not know how to take charge of patients intelligently and with understanding. Upon her arrival, the probationer is put into the wards. No preparatory course awaits her; her work is assigned to her, and she is left to get through it as best she may. Though every division has its head-nurse, and every ward its staff nurse (senior) all are too busy to have much time to devote to explaining and demonstrating patiently the duties of the probationer. Though she receives, *en passant*, orders, directions, and instructions, she must interpret them for herself. The result is that she often seems more maladroit than she really is. The probationer is not considered as a *student* who is to be taught, who must be initiated into the art of nursing, who must have the different phases of illness pointed out to her, who must learn to understand all that she sees and hears and does for her patient. On the contrary, from the first the probationer forms a part of the working staff, and has her share of responsibility, inconsiderable, at first, it is true, but far too rapidly increased. None of us can forget those first months in hospital; we went through too much anxiety, we made too many unconscious mistakes, we had too little encouragement—chiefs and head nurses regarding us as troublesome—not to wish earnestly that a radical change might be made in the methods of teaching probationers, and we are making every effort to bring such a change about. After the training of three years the pupil passes her examination, which is entirely theoretical. Sometimes, not often, she is told to do some slight dressing, or to explain the use of this or that instrument, but the practical side of her examination goes no further. Afterwards she receives a diploma, which certifies her capable of nursing all cases and affirms her competency as a good nurse. She is now launched. But, when she seeks a position as head nurse, she may meet a strange rebuff. The same authorities who graduated her may now answer inquiries about her by statements quite at variance with the text of her certificate, and she may learn that she has not the knowledge necessary for the work which she solicits.

The explanation of this riddle is simple. The hospitals are still where they were twenty-five years ago, in spite of their pretensions to be schools of nursing. Their probationers only learn how to do the hospital work, they are not taught the full extent of their calling. These diplomas, which should be testimonials of capacity, are distributed with incredible carelessness. Every hospital may arrogate to itself the right to give diplomas and badges. Our country is very small, but the number of badges given is large. Women, badly or not at all trained, take advantage of this confusion. They buy badges, and call themselves nurses. The only way to remedy this deplorable state of things will be by state

regulation of education and examination. In this connection I must speak of a deplorably reactionary measure which was passed some months ago by an association which assumes to be in the interests of the sick and of nurses. This body, called *De Nederlansche Bond voor Ziekenverpleging*—with the intention of uniformizing the teaching in the different hospitals, and of instituting only one diploma, endorsed by the association, has decided that, to be admitted to its central examination it shall no longer be necessary to spend three years in a general hospital of not less than forty beds, but that a committee named by the “Bond” shall be competent to decide whether such and such a special hospital, or such and such a small one, shall be regarded as a training school, according to the whole number of days spent by patients in the little place, and the variety of diseases admitted. Thus with one stroke the whole indispensable minimum of three years in a general hospital—a principle accepted in every country where nursing is cultivated as an art—is swept away and annihilated.

The reason of this deplorable decision is not far to seek. It is simply that one must defer to the managers of these small hospitals, who by this arrangement are able to secure the necessary personnel most cheaply. Last year the children’s hospitals were promoted to be the equals of the general hospitals. This year, a little place of twenty beds is made a training school. Even granting that the instruction in these small hospitals may have attained a rare degree of perfection, it is easy to understand that the pupils who leave these so-called schools for private duty encounter almost insurmountable difficulties. Too soon they realize the deficiencies in their training. For the conscientious ones, the whole work is to be done over. For the others, it is hit or miss, to the great injury of the patients and of the profession of nursing. Our association (that of the graduate nurses) has sought every means of correcting these anomalies. We first instituted an examination for entrance into our association, requiring a general hospital training in an institution of not less than forty beds. Next, we gave tests of practical proficiency a prominent place in this examination. Finally, we are working for state control of nursing education. We are supported by many physicians, who, not being hospital directors, wish to have good and well-taught nurses to care for their patients.

You will ask me why our association has added to the number of existing examinations in establishing its own? We have done so because when the state finally undertakes regulation, and forms a commission to deal with the question we, as an examining body, cannot be ignored,

and we will have the opportunity of making ourselves heard through well-instructed delegates.

I have spoken of our lack of systematic instruction. Whose fault is this? Primarily it is that of the Directresses, and next that of the nurses themselves, who, indifferent and apathetic, lacking in social sentiment and in solidarity, submit to this state of things without seeking to remedy it by availing themselves of the loyal support of our association.

But the fault lies also with those who appoint the Directresses. It is true that certificated nurses are chosen by preference, but few seem to realize that their duty toward their pupils is to concern themselves actively with their education. It is their responsibility to see that the women who leave the hospitals are really capable of fulfilling the functions of their office,—functions which require a preparation very different from that of twenty-five years ago! The science of nursing follows medical science step by step. Those who undertake it have a right to demand a thorough education, not an empiric one, but practical, whose principles shall be systematically taught by certificated nurses, who have the gift of teaching, who are specialized for their work and who devote their time to it. Our Holland Directresses have an association like the American Superintendents of Nurses and the English Matrons, but it is not an active association, nor does it share in the interest of burning questions among physicians and nurses. Its members do not seem to realize that it is their part to put themselves at the head of the reform movement and by their words and acts point out the way to elevate and advance their profession.

The purpose toward which all the efforts of our association are bent is, primarily, a law regulating the education and examination of nurses, and a plan of instruction which shall be obligatory for all schools. This instruction shall comprise preparatory courses, where the pupil will be taught the science of nutrition, food values, and cooking; the manual procedures that every nurse should know thoroughly, but which are not taught systematically in the hospitals; the principles of sterilization; the construction and usage of articles employed in caring for the sick; methods of moving and lifting patients, making beds, etc., etc.

Last year our association instituted a course of preparatory teaching on these subjects, which *THE AMERICAN JOURNAL OF NURSING* characterized as “a most splendid thing,” but to our great disappointment we find this course is not yet appreciated as it should be. We explain this in that our nurses are so accustomed to the idea of having a free training

or even one with an allowance, that they are not willing to spend forty dollars a year for a preparatory course which is not required by hospital managers.

We wish, further, that this instruction shall comprise special courses for those who nurse the poor in their own homes. It is absolutely necessary that such nurses should have some knowledge of sociology and should make an extended study of hygiene, for besides nursing they must be health missionaries and sympathetic in all the family relations.

Finally, we ardently desire to establish special teaching for those who intend to fill the difficult and complex position of head nurse and directress. We have much to do before we can reach our ideal, but the examples of work and solidarity that the associations affiliated with the International Council give us, encourage us to persevere and to follow bravely along the road which leads to success.

THE HOSPITAL ECONOMICS COURSE.

BY M. ADELAIDE NUTTING

Director Department Hospital Economics, Teachers' College

It has been interesting to note the result of opening the special course of lectures on Hospital Economics to other nurses than the regular students in that department. Nine outside students have registered for the entire course, and about an equal number are registering for one or more of the separate courses, while somewhere near fifty letters and inquiries on the subject have been received during the month. From their tenor, and from conversations with persons interested, it seems that the ground covered by these lectures is apparently ground with which a good many nurses filling hospital positions feel they should be familiar. But most of them say frankly that the difficulties are almost insurmountable in the way of pursuing regularly any course of study which requires attendance on even one lecture per week.

Inasmuch as the women holding the positions of assistants and head nurses in hospitals are usually preparing themselves in that way for further administrative work, it does seem desirable that they should not entirely drop their studies, but rather that they should continue, and be encouraged to continue them, in some form. One might even go to the length of saying that useful courses of classes or lectures might perhaps be specially arranged for them.

The question was asked not very long ago, how the women who had taken the course here were succeeding, and what kind of impression

they were making upon the educational work of the schools in which they were occupied. In an effort to get some definite information upon this point, letters were sent to a few superintendents of hospitals who either now have, or have recently had, Hospital Economics graduates as assistants. Their views on this subject, which are clear and tolerably convincing, are here given:

One superintendent writes:

Those two who have served us have brought into the school something quite definite and tangible in laying out a course of instruction, which never existed before. It has been like exchanging an uncertainty for a certainty, and it has been a very helpful element to encounter when one has to combat the opinions of numerous medical men, all having different ideas and opinions as to how nurses should be trained.

That the graduates of Teachers' College not only know their subjects, but are able to quote authorities, is, I feel, the best protection a school can have. The refining influence has also been great.

Another letter reads:

She was a good teacher, systematic, and knowing how to lead up to the object to be attained; and I knew she gained her ability from the course, for she had no other way of gaining it.

She brought to the work the ideal that we owe much to the school; I mean by *that*, everything was not made subservient to the hospital.

She was practical also, and gave *me* a good many points that I know she must have gained from her Domestic Science.

She was exceedingly useful to us when we were planning new buildings and altering old ones.

This should be gratifying to those who have taken such great pains with this subject during the last few years.

The Appointment Secretary of the college reports that she has had during the year seventy-one applications for women to fill various hospital positions, and that of these she has been able to fill twenty.

Records show that up to the present date fifty-eight nurses have taken the course here. Nine of them have taken the full two-year course, leading up to the diploma, while three have stayed on for a third year, to pursue special studies.

Some account of the special work done by these students will be given later, but after careful study of the situation, one inclines to think that for a really satisfactory course of instruction here, two years are necessary.

At the beginning of the year a complete financial statement will

be made, but one does not feel like waiting until that date to speak of the splendid contribution made to the work here by the New York State Society, at its last meeting. In pledging, first, two hundred and fifty dollars to the endowment; second, two hundred dollars for present expenses; and third, one hundred and fifty dollars a year until the endowment is secured, the Society not only distinguished itself for generous action, but for affording practical relief for present difficulties, which we most gratefully recognize and acknowledge.

It is necessary for us to remember that while we are securing the endowment, our work must still go on; not only must its present needs be met, but we should perhaps be ready to make certain changes and developments at an early date, whether the full amount required for the endowment is secured, or not. The acts of the nurses throughout the country in their efforts to secure means for their advanced education speak louder than words.

No matter how well satisfied the patient, the physician, or the community may be, the actual fact stands forth that nurses themselves *know* that the welfare of the community, and the interests of the institutions and of the individuals composing them are served best, and served only, when the same opportunities for study and progress are opened to them that are freely accorded to the members of other professions—the professions that not only set a high standard, but require its attainment.

At recent meetings of the executive officers of the Society of Superintendents, and of the Associated Alumnae, it was decided to appoint a special committee to take charge of the funds for this course, and to consider ways and means of caring for and increasing them. The Committee consists of Miss Damer, President of the Associated Alumnae, Miss Samuel, Superintendent of Nurses, Roosevelt Hospital, and Miss Nutting as Chairman, who in this capacity wishes to acknowledge the receipt of the following sums:

For the endowment:

Alumnae of the New York Hospital.....	\$200.00
Alumnae of the German Hospital, New York.....	25.00
Alumnae of the National Homeopathic Hospital, Washington, D. C.	100.00
From Mrs. Bertha Frank, Baltimore, through Miss Ada Carr..	200.00

For current expenses:

Alumnae of the New York Hospital.....	\$25.00
New York State Society.....	200.00
A Friend, through Miss Lena Lightburn, Syracuse, N. Y.....	15.25

NURSING IN MISSION STATIONS

American Christian Hospital, Talas, Cesarea, Asiatic Turkey,
SEPTEMBER 23, 1907.

MY DEAR EDITOR:—We are situated here in the heart of Turkey, three days' journey from a railway. Practically nothing of what is regarded in America as hospital furnishing is to be had around us; however, we have the raw materials.

We have a stone hospital building of twenty-nine rooms, with two wards, capable of accommodating eighteen patients each. Part of the floors are stone and part wood, wood being an expensive item. Most of our wood is painted in a combination of two gray colors, the panels a lighter shade and a frame of a darker shade. Painting in this country is always done in highly colored blues, reds, and yellows.

Sterilizers have been made from copper and zinc. A large one for sterilizing the water is made on the pattern of the tea-making "samovar" but much larger. In this way a large volume of water heats quickly.

Our supply of dressings is sterilized in a large copper one made on the pattern of the Arnold, only round. It is heavy and rather awkward to handle but does good work.

The operating-room furniture, the operating table, instruments, and dishes are importations from America; but the instrument case and extra tables are of wood, painted white. The ward furniture and clothes are made here except the beds, the blankets, and the white spreads. We call our hospital the American Christian Hospital and we aim to make it so. Our nurses, four native women, and three native men, do very good work. So far we have not had a training school but may live to see the day when we will have one.

The women nurses at first were widows. They had the ancient idea that no self-respecting person would do nursing and it was with much ado they could be persuaded to come. When they did come they had to learn the work from its foundation; how to make the beds, for they have no such beds; how to sweep the floor, for they have no such brushes as we commonly use in the wards; how to wait on the patients while in bed, for they had never seen a patient's bed made while she was in it; a bath in bed was a further impossibility. They bathe and wash only in running water. We taught them also how to serve the food hot and in a neat manner; not to leave food all the time on the

tables or permit the patients to hide it in their beds. Even now I draw out some bread or onions or dried fruit, occasionally, from some patient's pillow.

They learn by constant talking to and by the enforcement of minute and detailed rules. They did not possess the idea that rules were made to be kept. They had no idea of controlling their patients; if a patient wanted a thing, of course they must let him have it. Exercising authority over him for his own good they had to learn.

They had little idea of control of themselves. After the first patient died, the nurse who had charge of her fled to her room and spent most of the following week weeping. The first night she spent most of the time out of her bed weeping loudly.

Night duty, with the idea of their sleeping during the day, was the limit. They had strong objections to new methods and one so contrary to human nature was impossible. Even now, after years of experience, they hardly grasp the idea of its necessity.

So we might go down the list of nurses' duties and find that in all points they were entirely ignorant, proper care for the sick and aged being only imperfectly understood in their own homes, and hospital organization unknown.

The difficulties were further enhanced by the gossip and scandal in the town concerning the nurses and hospital employees generally. For men and women to work together in the same building, is foreign and utterly opposed to the customs of the people.

It did not seem best that nursing methods should be modified but rather that the nurses should be trained up to American standards. Now, the nursing work appeals to the graduates of the Girls' High School and they are glad to be enrolled among our nurses and we hope to carry on the work more like a training school. Our hospital has been organized with the definite purpose of doing missionary work and there is a definite effort along that line which is not common to hospitals.

Prayers in the morning usually consist in the reading of a psalm and a prayer, finishing with the Lord's Prayer. The evening prayers consist of the singing of a hymn, reading from the gospels, and prayer.

Sundays, after dinner, the hospital staff with some of the girls from the Girl's School gather in the ward for singing.

Each patient has the right to choose a hymn from which we sing two verses. Occasionally patients are inclined to make a disturbance or to stick their fingers in their ears that they may not hear. Usually, however, it is as it was with the two Moslem young women who put

their fingers in their ears but later were persuaded to listen and became so fond of the hymns that they took a hymn book home with them.

We aim that each patient shall hear the gospel story and trust the Lord of the Harvest to bring forth the fruit.

RACHEL B. NORTH.

House of Mercy, Mano, Salija, Sierra Leone,
OCTOBER 5, 1907.

DEAR EDITOR:—I was very glad to learn of the growth of interest in the work of nurses in the mission field, and only wish I had the time and ability to write monthly letters for publication in your JOURNAL. I think you will realize how little time I have when I tell you that I have a day school of seventy girls, seventeen of whom are living here, beside my medical and surgical work, and Sunday school. Fortunately, I have to help me in my dispensary work, a native girl who had two years' training at the Princess Christian Cottage Hospital in Freetown. I am also teaching one of the larger girls to dress wounds. She can do this quite well now. We have our dispensary three afternoons a week. During two weeks I kept an account of those coming or sending for treatment or medicines and there were one hundred and ninety-eight.

As there is no doctor here, I have to do my best to prescribe for the various patients who come to me. This is sometimes quite difficult, as there are diseases here which I have never seen at home, such as elephantiasis and leprosy. My elephantiasis patient seems to be temporarily relieved by bichloride and boracic, but I suppose his foot should be amputated. I heard, though, of his going fishing the other day. I am not perfectly sure about the leprosy patient, but the child seems to have the symptoms of that dreadful disease. She came to me a few weeks ago from somewhere up the lake. She is a little slave, so I do not know where she was born. One finger has dropped off her right hand and the others are much distorted. I think they will soon follow perhaps. We do not dress her wounds, for fear of infecting our other ulcer patients, but let her take the dressings, bandages, etc., with her to the neighboring native town, where she is staying with the woman who had her brought here for treatment.

I think you would be interested in a man who came some months ago with a very bad ankle. There were three or four cavities around it, and he said he had had these ulcers, off and on, for eight years. When he first came to us, he had to be "toted" on another man's back up this hill. Now the ulcers are almost gone, and he walks

quite easily with a stick. The natives thought he would never walk again because he had been cursed, as they call it. It seems he wanted a certain girl for a wife; and would have her, though he was told that if he married her he would "sit down all his life." When these ulcers came, his wife left him. He comes to our Sunday school on Sunday afternoons, so I hope his superstitions will give way before the true light.

I have had two cases of supposed poisoning to attend to since I have been here. There are so many poisonous plants in the bush that I believe the natives do poison each other sometimes by putting these in their soup. They think they are poisoned by walking over poison which has been put in the way for them or for some one else by an enemy. An emetic soon relieved my two patients. One I think perhaps was really poisoned, but the other I thought was more frightened.

I hope this will give you a little idea of the nursing side of my work here.

Wishing you every success in your new department,

MARGARETTA S. RIDGELY.

AN OPEN LETTER.

SEOUL, KOREA, NOVEMBER 7, 1907.

MY DEAR MISS CAROLINE E. MADDOCK.—Allow me to thank you for the very interesting and instructive article on mission nursing which I find in the September number of our AMERICAN JOURNAL OF NURSING.

Some of your experiences savor thoroughly of Korea. For instance, the use of "a slipper" is highly recommended in *some* cases.

It is interesting to note that both have decided upon a six year course of instruction for our nurses.

Korean young widows are proving their ability as able students and faithful hard working nurses. We expect to graduate two next spring.

Again thanking you, I remain,

Very sincerely,

MARGARET EDMUNDS.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF VASCULAR NÆVI BY RADIUM.—*The New York Medical Journal* has the following: Wickham and De Grais have shown that radium may be utilized with advantage in all forms of vascular nævus, even those regarded as incurable, and state that the forms most easy to cure are those most highly colored and which are rather prominent. The radium is incorporated in a sort of varnish, which is painted on the lesion. The scars are soft, reniform, decolorized, and of fine appearance. The applications cause no pain, so that comparatively large surfaces may be treated, even in infants, and they can be made during sleep.—Report to the Académie de médecine, Paris, in *La Clinique*.

WEIGHT OF CHILDREN.—The following tables, taken from an interesting paper by Dr. Louis H. Schwartz, in the *New York Medical Journal*, will be found useful:

Weight First Twelve Months.—Third to seventh month, add 10 to the month; other months, add 8 to the month.

Thus: What should be the weight of a child at the fourth month? $4 + 10 = 14$ lbs. Or: Wanted the weight of a baby at the tenth month: $10 + 8 = 18$ lbs.

There is only one month in which this rule gives an answer which is not close enough to the average to be right. That is the eighth month. According to the rule, a child at the eighth month should weight 16 lbs., while the average is 17 lbs.

Weight of a Child at Any Age.—Multiply the age of the child plus 1 by 5 and add 10; except for the twelfth, thirteenth and fourteenth years add 15, 20, and 25 respectively.

Thus: What should be the weight of a child aged four years and three months. Then $4 + 1 = 5$; and $5 \times 5 = 25 + 10 = 35$ lbs. Or: How much should a child weight at the thirteenth year? Then $13 + 1 = 14$; $14 \times 5 = 70 + 20 = 90$ lbs.

POISONING BY CHLORATE OF POTASH.—*The New York Medical Journal* has the following: Ide reports (*Revue médicale de Louvain*)

the case of a man, thirty-two years of age, who had a slight sore throat, who, buying some potassium chlorate lozenges, swallowed twenty of them. They were compressed tablets of pure potassium chlorate, the quantity contained in the entire amount swallowed being 6.0 grammes (5iss). The succeeding night the patient experienced abdominal pain, vomited, and had dark liquid stools. The next day there was cyanosis; the vomiting persisted, and there was suppression of urine. A few drops of urine emitted were muddy and of a reddish brown color; it was found to contain albumin and hæmoglobin. The following day there was no vomiting, but cyanosis and anuria persisted. Coma followed, and he died on the eighth day after taking the poison.

EPIDEMIC PNEUMONIA.—In an extremely interesting article on this subject in *The Bulletin of the Johns Hopkins Hospital* Dr. Marshall Fabry says: Certain articles from the sick-room seem able to transmit the contagion. Flindt reports a case in which the coverings of a bed in which a pneumonia patient died were carried to a house two miles away and, four weeks later, used on the bed of a child, who promptly developed pneumonia. Another child developed pneumonia three days after his father started to repair a chair which was being used by a patient convalescing from pneumonia.

The spread of pneumonia in institutions and cities is only another form of these epidemics. In hospitals bed to bed infection, or the development of several cases in one ward, has suggested the contagiousness of pneumonia, but with ordinary precautions there seems to be very slight danger. A. H. Smith records one case in which the nurse died of the infection caught from her patient. Girdiner reports a second one. Edsall and Ghriskey record a severe case of pneumonia which ended fatally; the two patients who next occupied the bed had mild attacks; two others in nearby beds developed pneumococcal infections; still another case occurred soon after, perhaps by contagion. Upon thorough disinfection no other cases developed.

ABORTION INDUCED BY MEANS OF THE X-RAY.—*The American Journal of Surgery* mentions a case reported by a German contemporary: The patient was a young woman suffering from tuberculosis and three months pregnant, induction of abortion being demanded by the attending and consulting physicians. The patient was subjected to twenty-five X-ray exposures, the ovaries and the thyroid gland being exposed for five to ten minutes on successive days. Adjoining regions

were carefully protected. The abortion was ushered in by cramps and occurred accompanied by hemorrhage, which ceased as soon as the products of conception were expelled.

Exposure of the thyroid to the ray, in three other patients (for goitre) produced irregularity of the menstrual functions, which irregularity lasted for several months after the treatment was stopped.

Each ovarian exposure is followed by uterine contractions manifesting themselves as cramps, also by vesical spasm. A similar phenomenon is noted in experiments on animals.

ERYSIPELAS.—L. N. Boston and A. E. Blackburn state in a paper in *The Journal of the American Medical Association* that they find the incidence and mortality of erysipelas are both decidedly affected by seasonal influences, being highest in the colder months. Age also is an important factor in the mortality, the latter being excessive in early infancy, least in childhood, and gradually increasing from adolescence to old age, when it again becomes excessive. Among their cases both incidence and fatality were very markedly greater in the male than in the female. Their statistics also show that renal complications are to be expected with erysipelas, since of the 483 patients examined in this regard, 327 (67.7 per cent.) were voiding pathological urine. The mortality, however, did not apparently indicate that it was a very serious complication. In 66 of the cases the disease was limited in extent, in 486 it was extensive. The scalp was primarily involved in 12 cases, but of the 485 cases beginning in the face, in only 7 did the disease extend beyond the hair margin, the scalp remaining unaffected. The occurrence of glycosuria in a certain percentage of the cases is mentioned.

PREVENTIVE MEDICINE.—*The Medical Record* says: The potentialities which lie in preventive medicine, properly applied, are described in a recent issue of the *London Times* in the following words: "No physician entertains the slightest doubt that the ordinary current disease of this country could be diminished by a single year of effective sanitary legislation and administration, say, to one-half of its present amount, and that it is becoming a matter of vital necessity that a correct understanding of this aspect of medicinal questions should be forcibly presented to the public." This is an unexaggerated statement, and may be recommended to the community at large for grave consideration.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE NEW SCHOOL FOR NURSES IN PARIS

THIS winter will be marked with a red stone in the history of the modern nursing movement in Paris, for the beautiful building designed for a training school for the nurses of the large hospitals of Paris has been completed and opened, and the new era in nursing, being thus recognized and prepared for by the city government of Paris, must now inevitably develop and spread widely in the city hospitals, and this fine building will be regarded as a model for other large cities.

The new school ranks with the most beautiful and most capacious training schools of the world. French architecture is especially characterized by great spaciousness and generosity in dimensions, harmony and refinement in line and decoration, and to these special features in the new school must be added also a most agreeable color scheme, light, sunny, and cheerful, of soft pleasing yellow and white with pale green and gray touches. The Assistance Publique has not spared time, thought, or money in the creation of this school, and to my mind M. Mesureur, and those others who have especially stood by him in its inception, could leave no more worthy or satisfactory monument of their administration.

The school is planned for one hundred and fifty pupils and their directress, and the scholastic side of the period of training has received unusually ample recognition. The architects have not been allowed simply to treat the building as a home, but the demands of study and instruction have been planned for on a scale which make it, I believe, quite unique. I do not recall any other school which possesses its own theatre for lectures and demonstrations, though I well remember many years ago having a dream of a training school which should include a theatre where the practical teaching could be given in class. Now here it is, and one can see what excellent nursing clinics can be given. The school also has a magnificently big room as library and museum. Around the walls are shelves and drawers for paraphernalia, niches for manikins and skeletons; in the centre stand the double shelves for books of reference. The room holds some sixty-odd desks and chairs without a sugges-

tion of crowding, and beside this there are, on the different floors, six small rooms for quiet study, each one with eight or ten desks. *Materia medica* will be taught in an ample room which is to be fitted up as a pharmacy. This, as well as the extensive kitchens, is on the basement floor. I believe that the equipment of some of our schools in their diet-kitchen work still takes the lead of all others. But in France every one understands the art of scientific cooking, and the "tisanes" or vegetable teas which form so important a part of the nurse's armory here will be taught in the pharmacy.

All the bed-rooms are single, with running water, a full-length mirror in one side of the wardrobe, electric lights, one of which is a movable droplight, white enamel iron-frame beds with brass knobs, light wood furniture and floors, with one rug.

The windows are very large, and the wall, of soft yellow tone, has a hard washable finish which is not hard-looking. The *Surveillante Générale* has a suite of seven rooms—her own kitchen, dining-room, parlor, and two bed-rooms, with bath, etc.; these rooms open into a private corridor, which runs to a private staircase communicating only with her offices below on the ground floor. Thus, though this suite lies in the front of the main building, its seclusion is complete.

There are two dining halls, one for juniors and one for seniors, most beautiful rooms of great spaciousness with large windows on three sides. The tables follow these three sides and are made of slabs of red-brown marble, each one large enough for ten or twelve persons. There are two or three small parlors or reception rooms and then a magnificently large "recreation room" where the piano, round tables, etc., are found. Here are also windows on three sides, and of unusual breadth so that the room almost seems to be out-of-doors. The windows, as also those in the dining halls, are each hung with one long, full, heavy white curtain hung on a rod and pushed to one side. The floors here are of yellow and white tiles.

Altogether the school makes a most delightful impression. It is lit by electricity, very artistically arranged to shed a soft light, and has a central heating plant, which of course is not at all common on the other side. It stands on an open space in the domain of the *Salpêtrière* and at the back has a charming little garden for the nurses, where they can have hammocks and take their tea.

Already the nurses for the first year, one-half the whole number, are in the school, and next year the other half will be taken.

It is probable that the school will not exhibit its final, developed character until the new hospital, now being built on the same grounds,

is finished. This new hospital, which is to replace the old Pitié, will be a general hospital of acute service in every branch, and is destined as the training ground for the pupils of the school, but until its completion they are being sent into the other hospitals of the city. When that final stage arrives we must hope to see the directress take her proper place in the hospital as well as in the school, and one may confidently expect that, unless M. Mesureur and M. Montreuil are too strongly opposed in this by the medical chiefs, this will be the final reform brought about by these two liberal and broad-minded men, whose single-hearted efforts to bring about an ideal condition of things are not justly to be measured by immediate results, but by the difficulties in the way.

The administration has selected two of its most capable women to direct the new school,—Mlle. Duconseil, now in residence there, and Mlle. Hénault, the present head of the Maternité. They are both trained midwives, and were selected for their general ability and executive powers. While we would, quite naturally, have been glad to see nurses placed in these posts, yet, recognizing the difficulties at the outset of this experiment, we feel that encouragement and support are wholly in place at present, and cordially extend our best wishes for the prosperity of the new school.

The rules of the school, which space does not allow us to reprint, foreshadow the sphere of the directress and show the intentions of the *Assistance Publique*. Briefly condensed, the *Surveillante Générale* is the supreme authority in the school, subject only to the administrative supremacy of the director of the hospital. She has the entire control of the practical instruction, both in class and in the wards, and supervision of lectures and studies. She has two assistants, one for the junior and one for the senior class, to assist her in the practical teaching, in wards as well as home. She will select monitresses from among the most responsible pupils, to help in maintaining discipline and to conduct quiz classes. The pupils are to have ample time for study. The schedule in the rules appears to give them an eight-hour day in the wards, and every month the directress will hand in a schedule of their time to be viséd by the administration. The pupils will have three weeks' vacation each year, but will only be allowed to go out (into the city) on request of parents or relations.

As Parisian etiquette is strict and the pupils not allowed to go out at their own discretion, excursions and sight-seeing under supervision will be planned for them on Sundays and festivals. Finally, there are four formal varieties of official reprimand for ill-doers, followed by warning of expulsion, and expulsion.

The course is for two years, but the pupils must contract to remain three years after that, in the employ of the administration, as paid seniors or head nurses, or else to pay an indemnity. The probation time is two months.

In general, the rules and regulations, plans of study and lectures, are very similar to our own. The lecturers will receive schedules in skeleton, framed by the administration and the directress, on which they will build their lectures, making these original and practical. Massage will be taught in the wards; cooking for the sick in the home kitchens, with practice in the ward diet kitchens.

Instruction will be given in ward management, hospital organization and the different departments of the public charities. It is allowable to say that the new school owes much to the counsel of Mlle. Chaptal, who is the only woman at present on the Training School Committee and who also is counted among the Faculty, for she will give a course of twenty lectures on Social and Professional Ethics.

THE LAST ENGLISH DANGER.

ENGLAND is a land of sensational crises in nursing affairs. The last attack on good standards has been a peculiarly dastardly one, as it is directed against the most helpless class of patients, the very poor.

In brief, the Metropolitan Asylums Board in October proposed a new By-law, lowering the status of the matrons (who are also superintendents of nursing) in the hospitals and asylums under its control, from "principal" to "second-class" officers. This technical change degrades the matrons by an entire rank and makes their position inferior even to that of engineer-in-chief, accountant, clerk, and chaplain. Thus their entire disciplinary authority is at one stroke swept away. When one reads of the condition of the hospitals sixty years ago under undivided male control, and then sees what the matrons have done since then to save these poor patients, the wickedness of this attempt appears more flagrant than any other recently recorded backward step. *The British Journal of Nursing* of course sounded an immediate alarm; the Matrons' Council instantly convened a meeting of protest which was jammed to the doors; other public bodies also protested vigorously. The final outcome at time of our going to press was still in doubt.

ONE of the most frankly outspoken of the Paris Conference papers was read by the Secretary of the Holland Nurses' Association and is re-

printed in this number of the JOURNAL. It has aroused no little resentment in Holland, and yet, no one can read this report without feeling that it was written from the very depths of earnest feeling based on experience. Warm personal regard and respect for individuals among the matrons of Holland cannot blind one to the fact that, as hospital officials and as a body, they have not taken the lead in nursing questions. In such matters they might well take some lessons from our American superintendents of nurses.

The Holland Nurses Association, which will, in 1909, become a member of the International Council of Nurses, has entered a petition in the Department of the Interior, urging State Registration of nurses.

In connection with the subject of practical training, Mme. Gillot's paper, *The Bulletin Professionnel*, recalls an address given eleven years ago by Dr. Letulle (who also spoke at the Paris Conference) to one of the groups of women organized for Red Cross nursing. In this he questioned very frankly the value of the kind of instruction which physicians were imparting to these volunteers, and admitted that it tended only to make them "half-doctors" and not nurses at all. He candidly admitted his own sins in this regard, in having lectured on heredity to a class of women who were supposed to be learning practical emergency work, and gave many ludicrous instances of misplaced theoretical and defective practical knowledge, which had come under his notice in these classes of dilettantes.

Dr. Letulle is so genial, courteous, and appreciative that well-trained nurses would find it a privilege to work under him. He is one of the chiefs of the Boucicaut, an extremely beautiful and modern hospital, and which would be an ideal one to open a training school in. Dr. Letulle will attend the Tuberculosis Congress in Washington next autumn.

The first action of the newly enfranchised women of Finland has been to bring in a petition to the government asking for generous state aid in the instruction of household economics and domestic science and the support of competent women teachers in these branches.

Inspiring events are occurring in the woman movement. Norway has bestowed the Parliamentary franchise on certain classes of women, in all, about 300,000. Sweden has made them eligible for municipal officials, Denmark has placed them upon Boards of Public Charities, and in Great Britain the recent struggles for legislation have secured their right

to serve as town and county councillors, aldermen, and mayors. In November last, three women were elected as town councillors. In Holland, a revision of the Constitution has been presented to Parliament for action, which, among other provisos, gives women the ballot and the right to hold office. If this constitution is accepted, our Dutch sisters will have full civil rights.



THE French War Department is preparing to introduce modern trained nursing into the military hospitals, and has appointed a certain number of the graduates of the private school in Paris directed by Mlle. Chaptal, to begin the experiment in Val-de-Grâce, a military hospital in Paris. The nurses will have no administrative duties, but solely the care of the sick. It will be of great interest to follow the outcome of this new departure. The orderlies will be under the nurses' orders.

INTERESTING correspondence in *The German Nurses Journal*, between district or parish nurses in rural localities and small towns, shows that a "Gemeindeschwester" may sometimes be a friendly visitor, sometimes an almoner, and may even be called upon to add the teaching of little children to her nursing work. One nurse reports that in summer she gives seven hours daily to a kindergarten and two hours to nursing, while others teach knitting classes, or themselves sew for poor patients, in the mild seasons when there is little illness. Another, however, whose district comprises five villages, undertakes nothing but nursing pure and simple.

THE subject of "Public School Hygiene" received a distinct impetus at the Second International Congress devoted to that subject last summer, and the details of the disinfection of buildings was especially considered. Medical inspection was exhaustively treated, but the work of the school nurse did not receive sufficient consideration.

IN connection with the national work of saving child-life the International Congress of Hygiene and Demography recently held in Berlin paid much attention to the midwife, her education, social standing, and competency to teach the care of infants. It was generally agreed that, while her opportunities are great, she fails notably as a factor in promoting the enlightened and hygienic rearing of infants.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

IN opening the department of visiting nurse work in the JOURNAL, it would be waste of time to explain the growth and development of the work which is now so generally understood by every nurse. So much has been said and written of district work in the last ten years, that it would be well worth while for some of us to take the time to cull the facts from many of these fine articles and combine them in a history of visiting nursing, which up to date has never been written.

Over twelve years ago Miss Palmer, now editor of THE AMERICAN JOURNAL OF NURSING, wrote as follows:

I believe we shall have eventually one great non-sectarian, coöperative organization in each of our large cities, all denominations working together for the relief of the suffering poor.

Along the same lines as we have shown, but on a much broader scale, the trained nurse of the future will occupy an important place in this scheme. Still acting as a medium between the rich and the poor (the word rich used in its broadest sense of knowledge and power as well as money) she will bring to the former a greater knowledge of the unfitness for citizenship of great masses of the foreigners, who are flocking into our country. The influence embodied in such a society might so impress our legislators with the necessity for action that restricting laws, so long talked of, would be enacted, and the pauper element of the old world could no longer pour into our cities to become objects of charity.

As she goes into the homes of the working classes, the nurse has peculiar opportunities for becoming familiar with the misery and suffering caused by the sweating system. Here, again, a coöperative society would have great power, and with such knowledge of the conditions of the working classes as it would possess through its nurses, with the incentive that comes from interest in personal cases, the relations of capital and labor would reach a more equitable basis. One other horrible evil—the rear tenement—the trained nurse will help to expunge. The terrible mortality, already recognized, but for years allowed to exist, in rooms where sunlight and fresh air never enter, will at last, through her influence, become a thing of the past.

Tenement-house owners and agents, knowing the daily intelligent supervision that is being exercised by the nurse, respecting the power she represents, will not dare build or maintain human slaughter-houses under the guise of homes.

The work has truly lived up to this prophecy, and has become indeed a power in the social-betterment world.

While we are still giving the same sort of care to the ill patient in the bed, dressing the wounds, and combing the hair, and tidying the bedside table of the helpless indigents and unfortunate as of yore, we have learned that with all these offices performed, our duties to these helpless ones are far from being finished, for now we dig deep down to the cause of all these conditions. We are looking closely into the housing problem, into all sorts of unsanitary conditions, preaching and teaching the laws of cleanliness, and better living. The visiting nurse to-day gives much thought to preventive work of all kinds. She joins hands with all the social forces of the community in the capacity of scout, bringing to light many unknown conditions. She was born an alleviating agency, and commendable and humane as her work in this capacity is she has far out-stripped it, in the capacity of "a latter day Health Missioner." Her profession is the entering wedge to the larger field of a social vocation. As Miss Palmer prophesied twelve years ago, that the work would make a place for itself, so we prophesy to-day that in less than ten years this special training will be added to the training-school curriculum. We should like to quote at length from such men as Dr. Lowman of Cleveland, and Dr. Cabot of Boston; our Miss Dock, and many others who have written at length on the future of this work. The district nurse is not a modern institution, only as she has branched out into a larger and broader field of usefulness. Hospitals to do adequate and economical service must have the visiting nurse; dispensaries, likewise; public schools, too; and all other philanthropic organizations, where skilled care and instructions in sanitation are to be given.

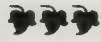
ITEMS

All material relating to visiting nurse work in its various phases is solicited for this department and must be in the hands of its editor, Miss Harriet Fulmer, Room 1408, Unity Building, Chicago, Ill., not later than the 1st of each month preceding the date of issue. This will include news of visiting nurses connected with general and special dispensaries, school nurses, and settlement nurses.

The Hull House, Chicago, Woman's Club is the only club as far as is known, which is supporting a visiting nurse for the care of its sick members. The club is made up of the women of the small wage earning classes.

The Visiting Nurse Quarterly Magazine published in Chicago will still continue, and its pages are open to any one who wishes to use it. It will contain much of interest to visiting nurses during the coming year.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

DEAR EDITOR: What is your opinion as to the best way of providing nurses for the small hospital? I mean the small county hospital with possibly a daily average of only twenty-five to thirty patients. In these days of registration, such institutions find it hard to establish a training school, because there is not the material at hand to furnish sufficient experience, and to employ a corps of graduate nurses is expensive.

On the other hand, in justice to both patients and public, the small hospital wants to supply good nursing, just as intelligent and skilled as that supplied in the larger institutions, and in order to do this it is obvious that its nurses must be either already trained or in training. Would not prospective pupils be those not eligible for training elsewhere? How is this problem to be met?

A. W.

DEAR EDITOR: I want to tell you about my visit to Paso Robles Spring last July, thinking it might prove interesting to other nurses who, unfortunately, like myself, might suffer from rheumatism. As I never before by actual experience knew the value of mineral baths, I naturally thought all I had to do was to go there, drink all the water possible, and take the baths and mud packs as I pleased or thought best. I learned better the first few days, but first I want to tell you why I selected this place when there are so many other springs in California. I chose it because I had heard that rheumatic troubles were given especial attention there. The first morning after my arrival I presented myself at the physician's office. He gave me a prescription of a mud pack to the right shoulder and left knee for twenty minutes, followed by a hot sulphur bath, after this to rest for two hours, also to eat plenty of all kinds of nourishing food. He told me that many mistakes were made in the line of diet in rheumatic cases. When the patients are very much run down, their blood thin and tissues poorly nourished, to keep away nourishing food, such as meat and butter, was wrong. A good deal of what is so commonly called rheumatism is really neuralgia. He advised me not to wear too heavy clothing, or to take too hot baths, but

to gradually accustom myself to cold sponges and very light underwear. He also told me to take from ten to fifteen grains of asperin, four or five times a day with a glass of water, instead of salicylate of soda or salicin, and his advice has proved very beneficial to me, for I find when I have an acute attack one or two doses of asperin will entirely send my old enemy flying. I had suffered so long and when treatment at mineral springs had been suggested I had felt that I could not afford it. These springs are by no means the least expensive place to go to, but I can never speak highly enough of the way I was treated there, or of the benefit I received from my two weeks' stay. When leaving for the hot springs I was told to be sure and take my baths as hot as possible and to remain in as long as I could stand it, and the first day I thought I would try this, but I was glad to follow my doctor's advice after that for I very nearly died, as the heart action would not allow such strong measures. This is often the reason why people come away worse than when they started. They know so much more than their doctor.

While I was ill I was often reminded of what Dr. S. Weir Mitchel, our great nerve specialist, once said: "God deliver us from our friends when we are ill," of course thereby meaning those who are so ready with wrong advice, for no one certainly can understand our need and constitution but the doctor who is working and worrying over us to get us well.

Paso Robles, which means Pass of the Oaks, was discovered a great many years ago by the Indians, and where their trail used to be, the Southern Pacific Railroad runs. The distance is half way between San Francisco and Los Angeles, with an endless chain of mountains in all directions, and of an elevation of seven hundred and twenty feet above sea level. The little town of the same name has a population of fifteen hundred people. The tourists or health seekers are, however, so numerous that the place seems a great deal larger.

The hotel in which I staid was most comfortable, and had an unusually large veranda with all kinds of easy chairs, where every one may enjoy the most perfect peace and comfort as well as rest. Here one can sit or lie and look out on a perfect lawn, beautiful mountains, and enjoy the sun and fresh air. I have traveled a good deal but never have I seen such a climate with its purity of air and grand scenery. The almost total absence of mosquitoes and flies, as well as other hot weather pests, makes one free to enjoy everything. The absence of bugs I think is wholly due to the sulphur smell.

The bath house, which is connected with the hotel by a sun parlor, and an inclosed arcade, was a marvel to me, for never have I seen

anything more perfect for its use. Doctors and nurses at once appreciate the surgical cleanliness which prevails everywhere in this building. It is furnished in white cedar, glass, Italian marble, porcelain, and white metal, and no odor of steam or grease can be detected anywhere. The large porcelain bath tubs have the natural sulphur water brought in by pipes right from the ground. This new building is only a little over one year old. Surely no one who is desirous of regaining health will make a mistake in going to a place like this.

THERESA ERICKSEN,
SAN MATEO, CALIFORNIA.

DEAR EDITOR: In the November number of the JOURNAL I notice Miss Warner claims that the Memphis Training School is the oldest chartered school south of the Mason and Dixon line. The John N. Norton Memorial Infirmary, Louisville, Kentucky, was granted a charter as a Hospital, June 25, 1881, to take effect January, 1882, and the charter for the training school connected with the Infirmary was granted April 9, 1886, the Act being in force from the time of its passage. Like Miss Bushey I find that the demand for both institutional and private nurses far exceeds the supply. The conditions in the mountains of Kentucky are much as described by Miss Wyche and Miss Cabaniss.

ANNIE E. RECE, Corresponding Secretary,
Kentucky State Association of Graduate Nurses.

DEAR EDITOR: It was not until yesterday that I received my November JOURNAL, which had not been forwarded, and saw the appeal which you so kindly had printed for the little Navajo Hospital.

Miss Thackera writes that she has had a number of applications and has sent for one nurse who is the daughter of a clergyman and who volunteered through the JOURNAL article. I am so thankful for the hospital is full and they are having a dreadful time of it without a nurse.

MARY BROOKS EYRE,
Denver, Colorado.



A SOCIAL service department has been established in connection with the Johns Hopkins Hospital and Dispensary in Baltimore and also in connection with the Cook County Hospital in Chicago

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

ANNUAL MEETING OF STOCKHOLDERS OF THE AMERICAN JOURNAL OF NURSING

THE annual meeting of stockholders of THE AMERICAN JOURNAL OF NURSING COMPANY will be held at two P.M. on January 16, 1908, at the Bellevue Nurses' Club, 14 East Forty-second Street, New York.

As matters of importance will come before the meeting, all associations holding shares are requested to send a representative. Where this is not possible, the name of the proxy should be inserted in the paper which is to be signed by the president of the association and returned to the secretary of the Board of Directors in time for the meeting.

M. A. SAUMEL, Secretary,
Roosevelt Hospital, New York, N. Y.

SAN FRANCISCO MEETING

PLANS for the eleventh annual meeting of the Nurses' Associated Alumnae will be published as fast as they are definitely known, that associations may make their arrangements in advance for sending delegates, as is necessary for so long a journey as the eastern representatives must make. The meetings will be held in San Francisco from May 5 to 8, inclusive. No special convention rates have been obtained and there is very little hope that there will be any. The regular nine months' tourist fares are all that are offered. These tickets give a fare from Chicago to San Francisco and return of one hundred and ten dollars, with very wide stop-over privileges within the nine months' limit.

It is a great disappointment to the directors and to the transportation committee that better rates could not be obtained, but it is hoped many nurses will plan to begin their summer vacation in May and make a trip to the western coast, representing their association at the meetings and having a long and pleasant holiday as well. The California nurses have never had special rates for coming to our eastern meetings, so we are only asked to do what they have been doing without complaint.

The program committee is preparing an interesting and helpful selection of topics for consideration. Some of the main points taken up will be: "The Nurse in Preventive Medicine;" "Points Bearing on the Training School Curriculum and Conditions;" "Work of the State Association after Registration Has Been Secured;" "District Nursing," and "Private Nursing."

KATHARINE DEWITT, R.N., Secretary.

THE INTERNATIONAL COUNCIL OF NURSES

THE Association of Nurses of Finland has decided to join the International Council. Thus in 1909 the delegates will have the pleasure of admitting Holland and Finland. The proposal to meet in Stockholm has been most cordially received by the progressive women of Stockholm, but it is possible that, on account of the dates of meeting, another locality may have to be chosen, as it is desirable to hold the meetings later in the summer when matrons take their vacations. August is the best time for that, but not a good time to find people at home in Sweden. The meeting place therefore is still open.

L. L. Dock, Secretary.

GEORGIA STATE MEETING

THE second annual meeting of the Georgia State Association of Graduate Nurses will be held in the Atlanta Woman's Club Rooms, Atlanta, January 3 and 4, 1908. Aragon Hall will be the headquarters of the delegates.

J. M. CANDLISH, Corresponding Secretary
101 Forrest Avenue, Atlanta, Georgia.

A BENEFIT DANCE

A BENEFIT dance will be given by the Flower Hospital Alumnae Association, January 16, 1908, at the New York Homeopathic Medical College, East 63rd Street and Avenue A, at eight-thirty p.m. Tickets will be one dollar each. The proceeds are to be used toward the endowment of a bed in the Flower Hospital.

D. A. BILLINGS, Corresponding Secretary,
152 West 84th Street.

STATE MEETINGS.

ILLINOIS.—The Illinois State Association of Graduate Nurses held its annual meeting in Chicago on the afternoon of the 13th of November.

Miss Julia Lathrop, member of the State Board of Charities, addressed the nurses urging interest and coöperation in the nursing in the hospitals for the insane in Illinois.

Miss Harriet Fulmer, superintendent of the Chicago Visiting Nurses' Association, gave an interesting account of the Paris Conference held during the past summer at which she represented the nurses of Illinois. The election of officers followed the program and the successful candidates were: Miss Caroline Seidensticker, president; Miss Minnie Ahrens, first vice-president; Miss Ellen Stewart, second vice-president; Miss Matilda Hoffman, recording secretary; Miss B. M. Henderson, corresponding secretary; Miss Jessie P. Scott, treasurer.

B. M. HENDERSON, Corresponding Secretary.

KENTUCKY.—On October 29, 30, and 31, occurred the first annual meeting of the Kentucky State Association of Graduate Nurses in the City of Lexington.

The Medical Society of this city donated the use of its room in the Public Library for the deliberations of the Assembly. There were five sessions.

The program of the opening session was as follows:

Call to order, Miss Gillette, President; invocation, Prof. B. C. Hagerman, Lexington; address of welcome, Dr. F. H. Clarke, Lexington; response, Miss Fisher, Owensboro; address, "State Registration," Dr. G. P. Sprague, Lexington; address, Dr. J. A. Stucky, Lexington.

There followed: Reports of the officers; the report of Miss Gillette, delegate to the Associated Alumnae at Richmond, Virginia, and the International Conference, Paris, France; the report of Miss Laura Wilson, delegate to the State Federation of Women's Clubs, Shelbyville, Kentucky; an address by Miss Sly, interstate secretary, upon The Hospital Economics Course at Teachers' College, New York; a paper on the Value of the Trained Nurse in the Public School by Miss Harriet Butler, of the Women's Christian Temperance Union Settlement, Hindman, Kentucky; and the reading and explanation of the bill for State Registration by Miss Sly.

The election of officers resulted as follows: President, Miss Gillette, Louisville; first vice-president, Miss Shaver, Lexington; second vice-president, Miss Lustnauer, Louisville; recording secretary, Miss Porter, Louisville; corresponding secretary, Miss Rece, Louisville; treasurer, Mrs. Tuley, Louisville. Chairman of Standing Committees: Ways and Means, Miss Dear, Louisville; Credentials, Miss Beckman, Louisville; Nominating, Miss McCann, Lexington; Arrangements, Miss Francis, Louisville; Publication and Press, Miss Wilson, Louisville. The meeting adjourned to meet next year in Louisville.

The social features were: A reception tendered by the board of managers and superintendent of the Good Samaritan Hospital, with inspection of the new building; a reception, with collation in sympathy with the Pure Food Law, by the alumnae of the Good Samaritan Hospital; and an automobile ride to the famous stock farm of Mr. J. B. Haggin.

The visiting nurses were delightfully entertained in the homes of the directors of the Good Samaritan Hospital.

The press was most generous, publishing daily full accounts of the proceedings. The association now has one hundred and twenty-nine members.

LAURA A. WILSON,
Chairman Publication and Press Committee.

KENTUCKY.—On November 30th, a delegation from the Kentucky State Association of Graduate Nurses, consisting of Miss Gillette, Miss Rece, and Miss Wilson, attended a meeting of the Educational and Legislative Committee of the Louisville Clubs which are members of the State Federation; the purpose of the meeting was to discuss school suffrage for the women of Louisville. It was voted that the delegates present should report to their respective clubs, and urge the necessity of working for the bill to be presented to the next legislature. Said bill shall permit women to vote for school officials, to serve upon school boards, and shall also provide for a separate election for this purpose, thus divorcing the school question from politics.

The Jefferson County Graduate Nurses' Club at the regular meeting of December 2, went on record as approving this action of the other club women

of Kentucky. Both associations realize that the first step to make superior nurses is to give the little girls a good education. Miss Rece, our special representative to the legislature, will go to Frankfort in January to look after the presentation of the bill for state registration for nurses.

LAURA A. WILSON,
Louisville, Kentucky.

WEST VIRGINIA.—The second annual meeting of the West Virginia State Graduate Nurses' Association was held in Wheeling, West Virginia, November 11, 12, and 13. There were fifty members present. This is a young association, but in interest and enthusiasm it compares favorably with older societies. The total membership is one hundred and eighty-seven. West Virginia nurses have at last achieved registration, and the meeting was largely one of congratulation and thanksgiving.

The president's address was a review of the work of the past year. Emphasis was laid upon the added responsibility resting upon each registered nurse.

Six of the most eminent of Wheeling's physicians visited the convention, and made short addresses, as did also several clergymen. These visits and the kindly words of encouragement and advice were keenly appreciated by the members. The fifty dollars promised by the West Virginia delegate to the Richmond convention, for the endowment of the Chair of Hospital Economics, was approved.

There was much earnest discussion of the nurses' salaries; also the custom of many training schools of sending out pupil nurses to cases was discussed and heartily condemned.

An interesting paper on "The Realization of Our Ideals" was read by Miss A. Cousins McKay, superintendent of the training school of the Sheltering Arms Hospital, Hansford. Also one on "Practical Points in Private Nursing," by Miss Millette, superintendent training school, Reynolds Memorial Hospital, Glendale.

Much credit is due to the committee of Wheeling nurses, Miss Dessell, Miss Pierce, and Miss McMahon, for the delightful entertainment provided for the association. Each of the hospitals, City, North Wheeling, and Haskins, provided bountifully for their good cheer, and a banquet was given at the McLure House to the visitors, which was beautifully appointed in every way. Wheeling hospitality and good-will will long be remembered by all the visitors.

The next place of meeting will be Fairmont, West Virginia. The following officers were elected: President, Mrs. Lounsbery, Charleston; first vice-president, Miss A. C. McKay, Hansford; second vice-president, Naomi Simmons, Fayette; third vice-president, Mrs. Carpenter, Wheeling; fourth vice-president, Mrs. Kendall, Fairmont; fifth vice-president, Miss Millette, Glendale; sixth vice-president, Miss Taylor, Grafton; seventh vice-president, Miss Gaule, Huntington; secretary, Miss Pierce, 411 South Front Street, Wheeling; treasurer, Miss McMahon, Wheeling.

NEW JERSEY.—The sixth annual meeting of the New Jersey State Nurses' Association was held on December 3, at the Public Library, East Orange. The morning session was devoted to routine business and hearing of reports and at

the afternoon session Mrs. H. H. Dawson, president of the State Federation, spoke on the benefits of Federation. She was followed by Mrs. Fred. Crane, of New York, who delivered an address on "The Child Laborer, an Emergency Case," after which came the election of officers, who are as follows: President, Miss E. F. Connington, Elizabeth General Hospital, Elizabeth; first vice-president, Miss Frances Dennis, Bellevue Hospital, New York; second vice-president, Mrs. M. E. O'Neill, General Hospital, Paterson; secretary, Miss Helen Stephen, 48 Elm Street, Orange; treasurer, Mrs. H. F. Reed, Ridgefield, New Jersey.

By an amendment to the by-laws, the annual meeting will be held on the first Tuesday in April instead of December, thus making the present officers hold office until 1909.

HELEN STEPHEN, Secretary.

SOUTH CAROLINA.—A meeting of the graduate nurses of the state of South Carolina was held at the Walter Taylor Home, Columbia, South Carolina, during fair week, for the purpose of forming a state association. The meeting was well attended, representatives from all parts of the state being present.

The following officers were elected: President, Miss Jean Kay, R.N., director Columbia Hospital; vice-president, Miss Marion Utes, director Roper Hospital; secretary, Miss Lula Davis, director Sumter Hospital; treasurer, Miss Mary Stelling, Columbia Hospital.

A proposed bill for state registration was read which, it is hoped, will be introduced at the next session of the legislature. Addresses were made by Miss Utes, of Charleston, and by Miss Jennie Lee McMaster, of Baltimore.

NEW YORK.—The sixth annual meeting of the New York State Nurses' Association was held in the Academy of Medicine Rooms, Carnegie Library, at Syracuse, October 15 and 16.

Eighteen months had elapsed since the last annual meeting, which took place at Albany, April, 1906, at which time it was determined that future annual meetings should be held in the autumn and in such place as determined upon. The earnest enthusiasm of the nurses of Syracuse gave evidence of the wisdom of this change. The invocation was by the Rev. George B. Spalding, Pastor of the First Presbyterian Church. The Addresses of Welcome were by the Mayor, Hon. Alan C. Forbes, followed by Mr. J. Williams Smith, president of the Library Association, to which in a few well chosen words Mrs. Gustin Welch, first vice-president, responded.

The general routine of business with reports of the secretary, treasurer, and standing and special committees were of interest; especially reports of Miss Hitchcock, Secretary Nurse Board of Examiners, of Miss Alline, Training School Inspector, and Miss Greenthal, Chairman of the Publication and Press Committee. The Publication and Press Committee had put forth a resumé of the work and proceedings of the association from its organization to the end of the fifth year.

An entire session was given to general addresses on hospital construction sub-divided as follows: "Practical Points on Hospital Construction," Dr. John L. Heffron; "An Ideal Hospital for Children," Dr. E. J. Wynkoop; "Pavilion

Plan Versus the Unit," Dr. Nathan Jacobson; "Outline of Construction of and Conducting an Ideal Contagious Hospital," Dr. E. O. Kinne; "Outline of Practical Construction of and Conducting Hospital for the Insane," Dr. Hersey G. Locke.

Papers of interest were presented on "Teaching the Dangers of Amateur Drugging," "Nurses' Registry and Club House," "Public Health Problems," and of especial interest the paper on "Hospital Economic Course and Its Need of Endowment," by Miss Ida Marker, and "A Physician's Advice on Nursing People of Moderate Means," by Dr. Franklin W. Barrows.

The Association voted two hundred and fifty dollars to the Associated Alumnae toward the purchase of THE AMERICAN JOURNAL by this Association, and two hundred and fifty dollars to the fund for endowment of chair in Hospital Economics; two hundred dollars to Hospital Economic Course for current expenses this year, and one hundred and fifty dollars annually so long as it shall be needed.

The election of officers resulted as follows: Mrs. Harvey D. Burrill, president; Miss Frances Black, first vice-president; Miss F. L. Lurkens, second vice-president; Miss Lena Lightbourne, treasurer; Miss Frida L. Hartman, secretary; Miss S. F. Palmer and Miss Anna Davids, trustees; Miss Mary E. May and Mrs. Gustin Welch, candidate for the nurse board of examiners.

A pleasing feature of the meeting was the large attendance of superintendents of training schools in response to an invitation to meet and discuss the training school. Records collected by the State Education Department were exhibited at the meeting. As a result of this gathering of superintendents a committee was appointed to formulate a practical record and submit the same to superintendents of training schools.

ANNA DAVIDS, R.N.,
Retiring President.

REGULAR MEETINGS.

THE regular monthly meeting of the Visiting Nurses' Association of the State of New Jersey was held at the Public Library, Newark, New Jersey, on Friday, December 6. After the business meeting at the library, the members of the association enjoyed a social cup of tea at Miss Holman's rooms. The Visiting Nurses of New Jersey organized formally in October, having met in an informal way all through spring up to July, when they adjourned for the summer vacation. The officers of the Association are as follows: President, Miss Coleman, East-Orange, New Jersey; vice-president, Miss Holman, Newark; second vice-president, Miss Farnsworth, South-Orange; Treasurer, Miss Richards, Newark; Secretary, Miss Knapp, East-Orange. The next meeting of the Visiting Nurses' Association will be held on Friday, January 3, 1908, at the Visiting Nurses' Settlement, 24 Valley Street, Orange, at three-thirty P.M.

CHICAGO, ILL.—On December 4, the Passavant Alumnae and hospital friends gave, at the Graduate Nurses' Home, 529 Garfield Avenue, a miscellaneous shower to Miss Caroline Dentzer in honor of her engagement to Rev. M. L. Starwaldt. Many useful presents were received. Refreshments were served by the graduates of the home and a very enjoyable evening was spent.

NEW YORK, N. Y.—On Friday, November 22, the Alumnae Association of St. Luke's Hospital held a special meeting in the Vanderbilt Pavilion to listen to Miss Goodrich on the subject of the Endowment of a Chair of Hospital Economics at Columbia University. Miss Goodrich's talk was instructive and delightful, and the association appropriated three hundred dollars toward the Endowment Fund.

At the tenth annual meeting of St. Luke's Alumnae Association held at the Hospital on Tuesday, November 12, the following officers were elected: President, Miss I. L. Evans; vice-president, Mrs. A. M. Spalding; recording secretary, Miss M. A. Sutherland; corresponding secretary, Miss E. A. Cook; treasurer, Mrs. L. R. Joy.

NEW YORK, N. Y.—The November meeting of the Bellevue Alumnae Association was well attended and unusually interesting.

Miss De Witt, one of the associate editors of *THE AMERICAN JOURNAL OF NURSING*, was a guest at the meeting and spoke on the "Work of the Private Nurse."

Dr. Bannister, a member of the Bellevue Alumnae, gave an interesting description of her work among the girls employed by the Westinghouse Lamp Co. These factory girls who are ill or in trouble go to Dr. Bannister for treatment or advice.

The Company finds that the employment of a nurse is an excellent investment; for, an atmosphere has been created which induces the girls to remain and thus does away with frequent changes, a source of much financial loss to the Company. Thus a new and interesting field of work has been opened to the trained nurse.

BOSTON, MASS.—The bazaar held in Parish Hall, Trinity Church, Boston, December 4 and 5, by the Alumnae Association of the Massachusetts General Hospital Training School for Nurses, to secure funds to endow a bed for sick nurses, was a most gratifying success. Rev. Dr. Mann kindly gave us the use of the hall, and the Associates of the Guild of St. Barnabas furnished the entertainment, which included performances of the Italian Marionettes, music by the entertainment committee of the Sewing Circle League, and the Highland Club Orchestra of West Roxbury, and demonstrations of bed making, etc. Many class re-unions took place in the tea-rooms during the bazaar and happy occasions they were. Following are the names of those who had charge of the tables and the amounts they made:

Fancy work, Miss Annie C. Carlisle.....	\$956.50
Bags, Miss Lilian H. Morris.....	319.85
Dolls, Mrs. H. L. Burrill.....	242.70
Candy, Miss Ada McNat.....	208.26
Flowers, Mrs. G. A. Craigin.....	255.35
Household, Miss Annie C. Carstensen.....	204.00
Cake, Miss Rachel Burke.....	108.02
Infants, Miss Bessie Fullerton.....	121.50

Tea-room Miss Emma A. Anderson.....	111.55
Entertainment, Miss Mary Sargent.....	151.01
Other receipts	444.70
	<hr/>
	\$3123.44
Disbursements	418.77
	<hr/>
Balance	\$2704.67

This amount added to the eight hundred and forty-nine dollars and forty-six cents already subscribed by the nurses themselves, makes three thousand five hundred and fifty-four dollars and thirteen cents, which is very near the sum of five thousand dollars, for which we are working. We appreciate fully that this grand result would not have been reached without the generous and hearty coöperation of our trustees, our patronesses, and other friends, and we thank them.

ANNIE H. SMITH,
Business Manager for the Committee on Nurse's Free Bed Fund.

CHICAGO, ILL.—Quarterly meeting of Camp Nicholas Senn. Feeling that those societies in which the greatest number have a voice and a part, those organized on the most democratic lines, are the useful and successful ones, Camp Nicholas Senn at the December meeting amended its constitution to make the Camp conform more nearly to this line of organization. The Camp met in Mandel's Ivory tea room on the afternoon of December 3. After transacting routine business and voting to send flowers and a letter of sympathy to the secretary, Mrs. Minter, who was unable to be present because of illness, the amendments, copies of which had been sent to the members, were now taken up. As amended the constitution makes the chairman of the standing committees officers of the Association, and provides for their election at the annual meeting instead of being appointed by the chairman, as heretofore. In this way the executive committee is completed, thus giving the creation of the executive body entirely into the hands of the members and providing that all business not transacted in open meeting may be done by direct representations of the members.

Letters on the subject were received from Camp members in California, Toledo, Detroit and Peoria, approving the changes. (Out of town members are seldom able to attend meetings but no meeting passes without letters from some of them.) The action on the amendments was unanimously in favor of adoption.

Plans were discussed for the convention of Spanish-American War Nurses to be held in Chicago in June as the guests of Camp Nicholas Senn, the territory of which Camp extends from New York west to the Rocky Mountains. There was great rejoicing over a large cheque sent by Dr. Senn to be used for the furtherance of these plans.

Miss Sigsbee, who has resigned her position in Cook County Hospital to take up work in a children's home in Omaha, Nebraska, was asked to act as secretary pro. tem. as a farewell service to the Camp.

While we were over the tea cups before adjourning Miss Jones gave a very complete and interesting report of the annual meeting of the Society of Spanish-American War Nurses, which was held at Jamestown, in October. The next meeting (special) will be held the last Tuesday in January in Mandel's Ivory tea room. A large attendance is important.

I. VIRGINIA PARKES, Chairman.

BROOKLYN, N. Y.—The officers of the Brooklyn Homeopathic Hospital for the ensuing year are: President, Miss Sarah A. Egan; vice-president, Emma L. Park; secretary, Stella M. Healy, 126 Greene Avenue, Brooklyn; treasurer, Miss Imogene Pearn.

BROOKLYN, N. Y.—The regular meeting of the Long Island College Hospital Alumnae was held November 12th at the Registry, 128 Pacific Street. About forty members were present, and four recent graduates were admitted to membership. After the business meeting, Dr. Dudley D. Roberts, of Brooklyn, gave a very interesting talk.

BALTIMORE, MD.—The nurses' alumnae of the University of Maryland held the annual meeting at the hospital, December 2, and elected the following officers: President, Miss M. E. Rolph; first vice-president, Miss Elizabeth Read; second vice-president, Miss Eugene Henderson; secretary, Miss E. Sophia Featherstone; treasurer, Mrs. Nathan Winslow; members of the executive board, Miss E. Roby, Miss A. F. Bell.

A nominating committee for the year was appointed, also a committee on entertainments. Something good is looked for from its members.

The president made an appeal for more hearty coöperation and interest in the work of the alumnae, and asked that all notices for publication in the JOURNAL, as well as changes of address, be sent promptly to the secretary.

Thirty-three were present out of a membership of one hundred and twenty-two. It is hoped there may be a larger attendance next time.

The meeting closed with refreshments, and a pleasant social hour was enjoyed.

NEW YORK, N. Y.—At the annual meeting of the Alumnae Association of the Roosevelt Hospital Training School, held November 7, 1907, the following officers were elected for the ensuing year: President, Mrs. Grace R. Eppes; vice-president, Mrs. Caroline Bartlett; secretary, Miss Estelle Miner; treasurer, Miss Elizabeth C. Burgess; trustees, Mrs. M. E. Harley, Miss Charlotte Ring, Miss Anna R. Dadley, Miss Elsie M. Galloway, Miss F. C. Newlands.

NEW YORK, N. Y.—The regular meeting of the Mt. Sinai Alumnae Association on Thursday, December 5th was devoted to a Christmas party for the Hospital Economics Course. Little bags made of the blue and white gingham of the school uniform were sent out to the members two weeks in advance, with a request for contributions. These were tied on to a prettily decorated Christmas tree, and after refreshments were served the bags were emptied, and it

was found that fifty-five dollars had been given toward the running expenses of the current year.

At the November meeting of the same association it was decided that one hundred dollars be given annually toward the endowment fund until such time as it was deemed not necessary.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held a meeting on November 14, when a talk was given by Miss Estelle Hine, a member of the association who has been for two years in Manila as an army nurse. On November 22, the association was addressed by Dr. F. A. Dunsmoor, who described a recent trip abroad.

CHICAGO, ILL.—At the annual meeting of the Lakeside Hospital Alumnae Association held in September, the following officers for the ensuing year were elected: President, Miss C. Soellner; vice-president, Miss M. A. Hamilton; secretary, Miss E. Rasmussen; treasurer, Miss L. Thompson.

The alumnae held an open meeting December 7 for the benefit of the nurses in training, at which Dr. Drunzer, who has recently completed a Post-Graduate Course in Berlin, Germany, addressed the meeting on nursing privileges at home and abroad.

PERSONALS

Miss Frances McEwan, has taken charge of a nurses' directory in Los Angeles.

MISS JENNIE NASH, the former treasurer of the Bellevue Alumnae Association, is now superintendent of the Latter Day Saints Hospital, Salt Lake City, Utah.

MISS HENRIETTA TUCKER, graduate of the Hartford Hospital Training School, has recently resigned her position as head nurse in that institution, to take up private work.

MISS JANE M. PINDELL, superintendent of the Metropolitan Training School, New York, has been selected to succeed Miss Gilmour at the New York City Training School.

MISS SARAH A. SANDERSON, graduate of the University of Maryland Training School, has accepted a position in the Atlantic Coast Line Hospital, Rocky Mount, North Carolina.

MISS ELIZABETH R. BAYLY, a graduate of the University of Maryland Hospital, has accepted a position at All Saints' Home for Children, Warwick Avenue, Walbrook, Maryland.

MISS CHARLOTTE PATTERSON, a graduate of the class of 1905, Newton Hospital, Newton, Massachusetts, has taken charge of Ward 5, a surgical ward for men in the Hartford Hospital.

MISS MAUD NORTHWOOD, who has had charge of a southern hospital for three years, has recently accepted the position of superintendent at the Lake View Hospital, Danville, Illinois.

ON Friday afternoon, December 6, a tea was given by the New York County Nurses' Association in honor of Miss M. Adelaide Nutting, director of the Department of Hospital Economics at Teachers' College.

MISS HENRIETTA STRAIGHT, class of 1896, Illinois Training School, Chicago, and Miss Susan M. Walker, of the Boston Cooking School, have established a Sick Room Supply Bureau at 35 Randolph Street, Chicago.

MISS L. EUGENE HENDERSON, University of Maryland Alumnæ, who for years was resident nurse at Salem Academy, Winston-Salem, North Carolina, has resigned her position and is now doing private nursing.

MISS AMELIA L. ESCHENBACH, class of 1905, Chicago Baptist Hospital, has been appointed head surgical nurse in that institution, instead of Miss Marion Belle Nuckles of Wesley Hospital as was stated in the December JOURNAL.

ON December 18, a reception was given at the Hotel Gotham, New York, by the alumnæ of the New York City Training School for Nurses to Miss Mary S. Gilmour, R.N., who is leaving the school after ten years' service as its superintendent.

MISS CAROLINE E. KNIERIEM, a graduate of St. Barnabas' Hospital, Minneapolis, and of the Boston Floating Hospital, has accepted a position as superintendent of the Baby Hospital in connection with the State Public School at Owatonna, Minnesota.

A PURSE of five hundred dollars was presented to Mrs. L. E. Gretter by the board of trustees, graduates, and pupil nurses of Harper Hospital, Detroit, on the occasion of her retirement from her position as superintendent of the hospital, with the expressed hope that it might sometime be used for a trip abroad.

MISS STELLA RINGER, class of 1907, Lakeside Hospital, Chicago, has been appointed superintendent of Agnew Sanitarium, San Diego, California, where she was formerly surgical nurse. Miss Ruby Knapp, class of 1907, has accepted the position made vacant by the resignation of Miss Gladys St. Denis, surgical nurse in Flaudreau, South Dakota. Mrs. W. Newman, 1906, has returned to Topeka, Kansas, after a three months' visit with her parents in Teignmouth, England.

MISS LINDA RICHARDS, superintendent of the training school for nurses at the State Asylum for the Insane at Kalamazoo, Michigan, addressed the alumnæ of the Butterworth Hospital Training School at Grand Rapids, Michigan, December 2, on "The Nurse of To-day and her Relation to the Public." Miss Richards has the distinction of being the first trained nurse to graduate in this country. While in Grand Rapids she was entertained by Dr. and Mrs. Eugene Boise.

AMONG the nurses who are taking a post-graduate course at the Woman's Hospital in New York is Miss Choko Suwo, a Japanese nurse, who was trained in the Red Cross Hospital in Tokyo. Miss Suwo served in the war between China and Japan; she was head-nurse on the Red Cross hospital ship Hakuai

Maru during the Boxer outbreak, and also saw active service in the late war with Russia. She has been decorated both by the French government (Boxer troubles) and by the Japanese. She will probably take up hospital work on her return to Japan, but intends also to study the district nursing and settlement work in this country. Miss Gladwin, who met Miss Suwo in Japan, is giving her special facilities in administrative work.

MISS HALLY FISHER, class of 1901, Hahnemann Hospital, Chicago, superintendent of nurses at Green Gables, Lincoln, Nebraska, has gone to her home, Elkhart, Indiana, for an indefinite stay. Miss Bertha F. Evans has charge in Miss Fisher's absence. Misses Emily McCleary and Ann J. Jones, both of class 1904, are in Los Angeles, California, doing private nursing. Miss Josephine Quinn, 1904, and Mrs. Florence Brown, 1905, have gone to Tucson, Arizona. Miss Ellen Persons, president of the alumnae association, resigned at the September meeting. Miss Tora Abel was elected her successor. Miss Persons was accompanied to Los Angeles, California, by Miss Anna Nelson. Miss Annette Hansen, 1899, has charge of the infirmary at the Home for the Friendless. Miss Elizabeth Rood, 1906, has accepted a position at the Pennoyer Sanitarium, Kenosha, Wisconsin. Mrs. Elizabeth Alvis, 1906, has resigned as superintendent of nurses at the Ann May Memorial Homeopathic Hospital, Spring Lake, New Jersey, and after a much needed rest is doing private work at Lakewood, New Missouri, during the winter.

BIRTHS

At Chicago, in October, to Mrs. Hutchinson, a daughter. Mrs. Hutchinson was Miss Olive Merritt, class of 1903, Lakeside Hospital.

At Chicago, in November, to Mrs. T. Simpson a son. Mrs. Simpson was Miss J. Stewart, class of 1905, Lakeside Hospital, Chicago.

A son to Mrs. George Lapp, Dhamatari, India. Mrs. Lapp was Miss Esther Ebersole, class of 1903, Passavant Hospital, Chicago.

On November 7, a son to Mrs. Julius Brauner, formerly Miss L. M. Moore, Rochester City Hospital. Mrs. Brauner's little son lived only four days.

MARRIAGES

In June, at Chicago, Miss Fanny Grey, Lakeside Hospital, class of 1906, to Mr. H. Brooks.

In Quebec, Miss Gladys St. Denis, Lakeside Hospital, Chicago, class of 1907, to Mr. H. Jones.

In October, Miss Alice DuBois Shuler, class of 1902, Faxton Hospital, to Mr. George Eddy of Rochester, New York.

On November 6, Miss Bessie Rogers, class of 1905, Faxton Hospital, to Mr. Harry Dutcher of Brooklyn, New York.

ON October 8, at Sherbrooke, Quebec, Miss Edna L. E. Seale, class of 1906, Rhode Island Hospital Training School, to Mr. Richard L. Moore.

ON December 4, at Sarnia, Ontario, Miss Lydia Mae Warner, class of 1902, Mount Sinai Hospital, to Mr. Hans Carl Klintrey.

ON December 10, at Burlington, Iowa, Miss Mary W. McChesney, class of 1905, Burlington Hospital, to Mr. John Curtis.

ON November 12, Miss Isabelle Dempsey, class of 1905, Faxton Hospital, to Mr. Lorne R. Campbell, of Tessier, Saskatoon, Canada.

ON June 15, Miss Irma B. Lindsley, class of 1904, Faxton Hospital, Utica, New York, to John Henry Stevens, M.D., of West Winfield, New York.

ON October 15, at Decorah, Iowa, Miss Nellie Elizabeth Heinberg, class of 1903, Illinois Training School, Chicago, to Rev. William E. Pitner. They will live at Marshalltown, Iowa.

ON October 10, at Detroit, Michigan, Miss Dora F. Riggs, class of 1905, Long Island College Hospital, Brooklyn, to Dr. Philip Edward Rossiter. They will live at Pine Plains, New York.

ON November 20, at Richmond Hill, Long Island, Miss Clara Warburton class of 1907, Long Island College Hospital, Brooklyn, to Dr. John Hathaway Long. They will live in Brooklyn, New York.

ON November 5, at Arlington, Massachusetts, Miss Annie Ross, class of 1903, Massachusetts State Hospital, Tewksbury, to Dr. John Wilson Trask. They will live at 171 Lewis Street, Lynn, Massachusetts.

ON November 19, at St. Agnes' Chapel, New York City, Miss Hildur M. Anderson, class of 1905, New York Infirmary for Women and Children, to Mr. George W. Phillips. They will live at Sag Harbour, Long Island.

ON October 4, at Providence, Rhode Island, Miss Bertha G. Perry, class of 1903, Rhode Island Hospital Training School, to Dr. Clinton S. Westcott. They will live at 2169 Broad Street, Providence, Rhode Island.

ON November 28, Thanksgiving Day, at Bradford, Pennsylvania, Miss Eleanor Alice Partridge, class of 1899, Philadelphia Hospital (Blockley), to Mr. H. Edwin Brown. They will live at Ossining-on-the-Hudson, New York.

OBITUARY

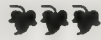
ON October 20, at Seattle, Washington, Miss Anna S. Hendrickson, class of 1886, Rhode Island Hospital Training School.

ON November 15, at the University of Maryland Hospital, Baltimore, Maryland, Mrs. J. Dawson Reeder, class of 1903. Her death is sincerely regretted by her fellow alumnae.

ON October 10, Miss Golda Williams, class of 1906, Centenary Hospital. Miss Williams was a clever nurse as well as a kind and sympathetic one. She made many friends among those to whom she ministered.

IN October, Miss E. E. Pearson, class of 1898, and in November, Miss Elizabeth Redpath, class of 1899, St. Luke's Hospital, St. Paul, Minnesota. These two nurses had lived at the club house since their graduation, and were members of their own alumnæ and of the Ramsay County Graduate Nurses' Association. Their associates feel that they have lost two of their most valuable members and record their loss with deep sorrow.

HOSPITAL AND TRAINING-SCHOOL NOTES



ON December 7th exercises were held in Florence Nightingale Hall in celebration of the 39th anniversary of the founding of the Presbyterian Hospital in the City of New York. The address was given by Rev. Arthur J. Brown, D.D., Secretary of the Presbyterian Board of Foreign Missions.

THE pupil nurses of the Nebraska Orthopedic Hospital at Lincoln, Nebraska, are to have an opportunity for graduate work at Bellevue, New York, after completing the two years' course in their own school. The superintendent of nurses is Miss Hardwick, a graduate of the New York City Training School.

ON November 23 the Vedder Memorial Pavilion, an addition to the Faxon Hospital at Utica, N. Y., was thrown open to the public for inspection. The new building, which is four stories high, opens directly into the main building. On the first floor are a large operating room, with a smaller one adjoining, a sterilizing room, doctor's office, dispensary, pathological room, and a diet kitchen. In the basement is a disinfecting room.

The second and third stories contain rooms for private patients, including a most attractive child's room. The fourth floor contains accommodations for six nurses, intended for those who are on special duty at the hospital.

THE graduating exercises of the class of 1907 of Faxon Hospital, Utica, N. Y., were held on the evening of November 23. Hon. William Cary Sanger, president of the Red Cross Society of the state, was the guest, and made an address to the graduates on Red Cross Work. The founder's portrait was draped with a Red Cross flag. Dr. Glass also addressed the graduates who were: Harriet D. Church, Rosa A. Peterson, Mary Lincoln, Adelaide M. Baumgardner, Bertha Frances Williams, Alvilda Wright, Pearl Stout and Nettie Edith Metzger. A pleasant reception followed the formal exercises.

A NEW sanatorium is being erected at Charlotte, North Carolina, to be opened next April and to be known as the Charlotte Sanatorium. Thirty-five nurses will be needed.

ON October 23, 1907, a class of fourteen young women graduated from the Hartford Hospital Training School for Nurses before a large audience in the Hall of the Old People's Home. After music by an orchestra the opening prayer, and an address of welcome by Dr. Howe, president of the Hospital, Miss Lucy Porter of the graduating class read a paper on the "History and Growth of the Hartford Hospital."

Miss Annie W. Goodrich, of Bellevue and Allied Hospitals, then addressed the audience. Her paper first treated some of the vital questions of the day regarding the growth and improved standard of the modern training school.

She then addressed herself to the graduating class and welcomed them to the large army of graduates with a few forceful words of advice as to their future career.

Dr. P. H. Ingalls, Secretary of the Executive Board, closed the exercises with a short address to the class and the presentation of diplomas and pins. A reception and dancing followed at the nurses' residence, No. 37 Jefferson Street.

ON October 1, at the Hartford Hospital, Hartford, Connecticut, a new private room pavilion was opened for patients, containing ten private rooms, with lavatories connecting with each room. An operating room with sterilizing, dressing, bath and supply rooms attached, is the gift of Mr. Cornelius Dunham.

This is to provide a service for doctors not on the hospital staff who, under a revised clause in the hospital constitution, may bring private patients into the hospital under their own care, both medical and surgical, with a fee for the same. The rooms were filled as soon as opened and the private service in the hospital now fills every available space, with a large corps of special graduate nurses assisting the training school in the care of the patients.

MISS FREEMAN, of the Civil Hospital, Manila, sends printed matter describing the opening at that place on October 23, of the University Hospital. The hospital has a capacity of thirty beds, with provision for both charity and private patients. The hospital staff consists of one surgeon and one physician. The nursing staff consists of five American nurses, one dietician, and six native nurses. A school for native nurses will be maintained in connection with the hospital. The hospital is an outgrowth of St. Luke's Dispensary which was established by Bishop Brent and which could not care for all the sick poor. The hospital and dispensary will be under one management. It is not quite clear whether the University is to be considered a mission hospital or not. It will, at any rate, be doing much needed mission work. At the formal opening, addresses were made by Reverend Mercer G. Johnson and by Secretary Taft. The plans for the hospital seem to be those of a growing pavilion system, each pavilion to be named for some university in the United States which contributes the amount needed for building. This first pavilion is named for the donors, the students of the University of Pennsylvania.

THE following are the questions of the New York State Board of Nurse Examiners as used in their examinations of last June. The applicant was allowed to choose ten questions from the fifteen given on each subject:

ANATOMY AND PHYSIOLOGY

L. B. Sanford, Examiner

1. Define anatomy, physiology.
2. What are the divisions of the spinal column?
3. What are the vertebræ?
4. What is the periosteum?
5. Locate (1) the sacrum, (2) the scapula, (3) the clavicle.
6. What is respiration?

7. Into how many acts is respiration divided?
8. What is the trachea?
9. What is the pleura?
10. What is peristaltic movement?
11. What is the diaphragm?
12. Name the special senses.
13. Where are the sebaceous glands located?
14. Define secretion, excretion.
15. What membrane incloses the heart?

GENITO-URINARY NURSING FOR MALE NURSES

L. B. Sanford, Examiner

1. State how you would proceed to catheterize a patient and mention dangers to be avoided in so doing.
2. How should a catheter be sterilized and cared for?
3. How should the bladder be washed out?
4. State the normal amount of urine voided by an adult in 24 hours.
5. What is retention of urine?
6. How might retention of urine be relieved without the use of the catheter?
7. What is suppression of urine?
8. State the specific gravity of normal urine.
9. What is incontinence of urine?
10. What is epididymitis?
11. How should the parts be supported in a case of epididymitis?
12. In caring for a case of gonorrhea what precautions would you advise to prevent the spread of the infection?
13. How should an inunction be given?
14. What symptoms would you watch for when a patient is being treated with mercurials?
15. What is orchitis?

MEDICAL NURSING

J. E. Hitchcock, Examiner

1. Describe the procedure in saving and measuring urine voided in a given length of time.
2. Give *two* symptoms of intestinal hemorrhage in typhoid fever and state the nurse's duty in such an emergency till the arrival of the physician.
3. Should a nasal douche be cold or warm, acid or alkaline?
4. What is the objection to the use of bichlorid of mercury in the disinfection of linen clothing?
5. What objection may be offered to the use of chlorid of lime for disinfection of clothing?
6. Mention a nursing measure that may be used as a heart stimulant.
7. What should be the temperature of the water for a hot bath? In what cases should a hot bath be avoided?
8. What is the characteristic posture of a patient suffering from abdominal discomfort?
9. Distinguish the difference in the appearance of a hemorrhage from the stomach and a hemorrhage from the lungs.

10. Give immediate treatment of faintness.
11. What is the character of the vomitus when there is intestinal obstruction?
12. Mention *three* methods of applying heat to the abdomen.
13. Suppose that while you are nursing a case of acute Bright's disease, the physician becomes isolated at a distance and asks to have sent to him a concise, written, daily report; mention *five* points that should be specially noted in such a report.
14. In reference to the above case mention *two* emergencies either of which would make it imperative to send to the nearest physician for immediate medical assistance.
15. In either of the above emergencies what should be done by the nurse till the arrival of aid?

OBSTETRIC NURSING FOR FEMALE NURSES

B. Fraser, Examiner

1. Mention *three* complications of pregnancy.
2. Describe in full the nurse's care of a case of eclampsia.
3. When drying up the milk what care should the nurse give the breasts and what diet should she give the patient?
4. Mention *three* complications that may occur during labor.
5. How should an obstetric patient be prepared for an examination?
6. What diet should be given the puerpera during the first week?
7. By what would you be guided in making selection of a room and how would you prepare it for a confinement?
8. If ordered, how should you give a colonic flushing to an infant?
9. Mention some of the conditions of the child and of the mother, that would make it difficult for an infant to nurse.
10. Mention *three* complications of the puerperium.
11. When the breasts of an infant become enlarged what care should be given them?
12. Mention *three* of the disorders that may arise during the first weeks of an infant's life.
13. State the temperature of the water for an infant's bath. At what age should that temperature be lowered?
14. What are the symptoms of a deficient milk supply and what may the nurse do to increase the supply?
15. How long should the infant be allowed to nurse at each feeding?

NURSING OF CHILDREN

A. Damer, Examiner

1. What is artificial feeding?
2. Describe the proper care of bottles, utensils, etc., used in feeding a child.
3. How would you restrain a delirious child?
4. In what ways may a child with skin disease be restrained?
5. What is the rule for ascertaining the dose for a child?

6. How would you give a tub bath to a child without frightening the child?
7. How would you disinfect a room and utensils after a contagious illness?
8. How would you disinfect yourself and your patient after scarlet fever?
9. How would you care for intubation and tracheotomy tubes?
10. What is inhalation?
11. What would the nurse be expected to do for a child with ophthalmia?
12. How would you give food to a child after tracheotomy?
13. How would you syringe a child's ear?
14. What dangerous symptoms should the nurse watch for in cases of inflammatory diseases of the ear?
15. What is thrush? What would the nurse be expected to do for a child troubled with thrush?

DIET COOKING

A. Damer, Examiner

1. Mention *five* important things to be considered in feeding the sick.
2. How may milk be contaminated?
3. Mention *four* advantages of milk as a food.
4. In what way does skim milk differ from whole milk?
5. Give recipe for creamed sweetbread.
6. How should a potato be baked?
7. Give recipe for cornstarch pudding requiring one and one-half table-spoons cornstarch.
8. State the composition, digestibility, food value and use of ice cream for invalids.
9. Give recipe for preparing barley water for an adult, requiring two tablespoons barley.
10. Give *two* examples each of white fish, oily fish and shell fish which may be considered in invalid cookery.
11. Why are vegetables valuable and necessary as food?
12. How would you feed a helpless patient?
13. Give the general rules for feeding a typhoid patient.
14. Outline a course of feeding for a patient who has ulcer of the stomach.
15. Outline a *dinner* for a child from 12 to 16 months old.

BACTERIOLOGY

S. F. Palmer, Examiner

1. What are microorganisms?
2. Mention the class of diseases caused by microorganisms.
3. Why is dirt a source of danger to human life and health?
4. Give the effect of *each* of the following on disease producing germs: heat, cold, sunlight.
5. In the ordinary laundry process, what is the important effect of boiling?
6. What precautions are necessary to prevent a person who is suffering from tuberculosis from giving the disease to others? Why?

7. In caring for a patient with an infectious disease, how should the nurse care for her own hands? Why?

8. At what temperature is water made safe for drinking in a community where there is danger of its having been polluted?

9. Mention *three* ways by which disease producing germs find entrance into the human body.

10. What are (1) parasites, (2) saprophytes?

11. Which kind of microörganisms is the more numerous, disease producing or non-disease producing?

12. Which is generally considered to be the better food for a child, clean milk or pasteurized milk?

13. In what *two* common articles of food do bacteria play an important part?

14. Why is formalin, besides being a germicide, specially valuable as a disinfectant?

15. Have the fumes of carbolic acid any value as a disinfectant?

SURGERY

S. F. Palmer, Examiner

1. Describe the symptoms of shock without hemorrhage and outline the treatment that the nurse should give, if a physician is not within call, depending on such remedies as would ordinarily be found in a private house.

2. What is hysterectomy and how should a bed be prepared for a patient after this operation?

3. How would you sterilize all supplies and instruments to be used for an abdominal operation in a private house? Specify the things that would be needed and describe method in detail.

4. What is the object in raising the foot of the bed in shock or in case of abdominal hemorrhage?

5. Why is it undesirable to use bichlorid of mercury in the sterilization of instruments?

6. How would you prepare normal salt solution in a private house?

7. How would you control arterial hemorrhage below the knee?

8. Define aseptic, disinfectant.

9. What special precautions should be taken when a patient vomits while under the influence of ether?

10. Describe the preparation of the field of operation for an abdominal incision and give the reasons for this preparation.

11. How would you control capillary hemorrhage from a wound on the chest?

12. How would you change the mattress under a patient three days after an abdominal operation?

13. What is a fracture?

14. How would you cleanse a rubber sheet that had been soiled by discharges from a wound?

15. Why is a punctured wound more likely to be serious than an incised one made with a sharp instrument?

MATERIA MEDICA

B. Fraser, Examiner

1. In case an overdose of morphin has been given, what should the nurse do while awaiting the arrival of the physician?
2. What is a safe dose of morphin?
3. Of a solution of strychnin sulfate gr. ii to $\frac{3}{4}$ i, how many minims would represent gr. 1-50 — gr. 1-400?
4. Define counter-irritants, antiphlogistics, diaphoretics, antidotes. Give an example of each.
5. How would you administer a dose of oleum ricini to (1) an adult, (2) an infant?
6. What is a sinapism and how would you prepare it?
7. Before applying cantharides what precautions should you take, how long would you leave the application on and how would you dress the part after its removal?
8. Of a stock solution of lysol 100 per cent, how much would you take to make a quart of a 2 per cent solution?
9. What are the first symptoms of an overdose of arsenic?
10. What is the emergency treatment in belladonna poisoning?
11. What are the mildest evidences of an overdose of mercury?
12. Write the table of (1) apothecaries' weight, (2) apothecaries' measure.
13. What is the dosage of (1) a tincture, (2) a fluid extract, (3) an infusion?
14. Name *three* easily procured emetics.
15. State what is contained in each of the two papers of a Seidlitz powder. How should they be prepared and how administered?

The result of these examinations was as follows: Anatomy and physiology—passed, 218; failed, 11. Medical nursing—passed, 223; failed, 6. Obstetrical nursing—passed, 202; failed, 27. Nursing of children—passed, 119; failed, 110. Bacteriology—passed, 191; failed, 38. Surgery—passed, 215; failed, 14. Materia medica—passed, 168; failed, 61. Diet cooking—passed, 83; failed, 146. Total number examined, 229; certificates issued to 166.

THE following are the questions used in its first examination by the Nurse Examining Board of the District of Columbia:

ANATOMY, PHYSIOLOGY, AND HYGIENE

1. Name organs of digestion.
2. Locate ileum and ilium.
3. What is the pleura, periosteum, peritoneum, tympanum, and cornea?
4. What is the medulla oblongata?
5. Name largest gland and state its chief function.
6. Describe circulation in a general way, or the process of digestion.
7. How are waste products eliminated from the body?
8. State function of red corpuscles.
9. What are the hygienic essentials of a sick room?
10. How would you dispose of sputum?

MEDICAL NURSING AND EMERGENCIES

1. Mention *three* kinds of enemata, and distinction in the giving of each.
2. Give symptoms of hemorrhage in typhoid fever, and state care of patient until the arrival of physician.
3. State points to be noted in taking the pulse and respiration.
4. What immediate treatment should be given in severe burns and scalds, while awaiting the arrival of physician?
5. What stimulation can be given by a nurse in the above case for shock?
6. State how long patient should be left in hot pack and how is it given?
7. What methods should be used for the prevention of infection in fevers?
8. What care should be exercised in nasal tube feeding?
9. What treatment should be given for morphine poisoning?
10. How would you treat a fainting person?

OBSTETRICS AND GYNECOLOGY

1. What is the duration of pregnancy, and how do you determine the probable date of confinement?
2. What preparation do you consider necessary for an approaching confinement, and what necessary preparations would you make immediately preceding labor?
3. How many stages of labor are there, and state when each begins and ends?
4. What care would you give the nipples before and after confinement?
5. What is colostrum and what is its function? What is the function of the amniotic fluid?
6. State in detail the care you would give an infant for the first twenty-four hours after birth?
7. Are there any diseases from which you would not go to an obstetrical case? If so, name some of them.
8. What care would you give your hands and all articles used for patient in puerperium?
9. Name some of the emergencies that sometimes arise during the puerperal state and what would be a nurse's duty under such conditions.
10. How would you prepare a patient for a gynecologic examination?

SURGERY AND CONTAGION

1. *a.* How would you select and prepare the room for an abdominal section in a private house?
 - b.* Give in detail the supplies needed.
 - c.* How would you sterilize supplies and instruments?
 - d.* How would you prepare the patient?
2. How would you prepare normal salt-solution for hypodermoclysis?
3. If you knew that a patient was to take ether, how would you prepare him in the absence of any orders from the physician?
4. How would you treat post-operative hemorrhage until the arrival of the physician?
5. What are the indications of shock? Give treatment.

6. What emergencies may arise during or after the administration of a general anesthetic? How would you meet or prevent them?
7. What care would you take of your health and person while in attendance on a contagious case?
8. What steps would you take to disinfect a room in the country after a contagious disease?
9. What must be done to the patient after a contagious disease before he can safely come in contact with uninfected people?
10. What solutions are best for disinfecting clothes?

MATERIA MEDICA AND DIETETICS

1. How may *materia medica* be defined?
2. What is opium? From what is it obtained? Give its two principal alkaloids and their average doses.
3. What are emetics? What two ways do they act? and give example of each.
4. *a.* What are infusions?
b. What are tinctures?
c. What are suppositories?
5. By what methods may drugs be administered?
6. What are the different kinds of foodstuffs, and give examples?
7. What is a proteid?
8. Describe the action of the gastric juice on food?
9. How would you cook rolled oats or wheat?
10. How would you make beef broth and beef juice?



THE state of Michigan is carrying on a campaign against typhoid fever, and the Public Health bulletin of July-September is largely given up to a discussion of methods of prevention of this disease. It introduces the subject by saying: "We have it from the highest authorities in preventive medicine, that of all diseases in the category of diseases, typhoid fever and smallpox come the nearest to being absolutely preventable. Of these, the latter is in a fair way of eventually being exterminated through vaccination. Now, why not try and exterminate the former?"

With the praiseworthy intention of eliminating the disease from the state, the state board of health has issued a circular to local health officers giving statistics in regard to the prevalence of typhoid in their respective localities, asking their coöperation in preventive measures and offering help in the way of advice and suggestion. The circular gives a plan for a sanitary earth closet to take the place of the primitive arrangement so common in country places and so productive of disease.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE FRUIT OF THE TREE. By Edith Wharton. Charles Scribner's Sons, New York.

MRS. WHARTON in her latest book, "The Fruit of the Tree," touches incidentally a point in nursing ethics, thereby adding to her critics a vast contingent from the nursing profession. Discussion has waxed rife over the question of Mrs. Wharton's right to step into professional circles and lay hands on loose material using it, as some have felt, to give, or as giving, an erroneous idea of a nurse's power over the life and death of her patient. Mrs. Wharton is too thoughtful a student to be accused of using material indiscriminately, or of padding her subject to popular shape, and on the other hand, she is not a credulous writer easily convinced of the existence of unusual and miraculous happenings. Nothing happens in her book without its cause—nothing without its effect. When Justine Brent steps into the book on its first page she seems the ideal nurse, but immediately she reveals her weak place. When she tells Amherst that the surgeon has lied in the interest of the millowner, one feels instinctively that she will never bear the curb of professional authority. One realizes that she must accomplish her destiny through a long conflict between a fearless courageous personality, and professional bars which will inevitably crowd back and prevent the development of that personality. Shall she throw up a profession that threatens her liberty? Shall she give herself entirely to that profession, and grow like a trained vine, exactly to the measure of stature that its bonds permit? She follows the latter course—she can hardly be said to have made a choice as she is apparently unconscious of the conflict of her ideals. Years of success follow, in spite of which comes a distaste for duty, a rebellion against the routine, an ever growing desire to escape the monotony of her life. She steps aside from her chosen vocation and attempts to make a place for herself among fresh scenes. Her life is full of usefulness, and for a time she enjoys her enlarged liberty, her lighter and pleasanter labors. She occupies the position of companion-housekeeper-governess to an old school friend. This friend, for whom

she has some remnant of affection, is an individual of singular poverty of character, a creature of such slender and unresisting caliber, that it seems impossible to associate her with any greater disaster than the wreck of her own frail bark and its disappearance forever. Contact with Bessy Amherst brings Justine to a state of mind where she is willing and anxious to go back to the profession she has discarded; and she has just made arrangements to take her place in the hospital again, when fate steps in to prevent her. Bessy is brought home in a dying condition, from which she never recovers though her sufferings are prolonged through weeks,—a fracture of the fourth vertebra, with injury to the cord. There seems to be no hope of anything more than prolonging Bessy's term of misery, at least until some of her relatives can be brought home to share the responsibility which Justine carries entirely alone. Bessy's husband is in South America, her father in Egypt. Alone, day after day, with this suffering creature whose only desire is to escape her misery and who wears her nurses to the limit of endurance by her unavailing protests against her sufferings, Justine is persuaded by her pity and her own inherent loathing of useless suffering to increase Bessy's allowance of morphia and she dies of the overdose. This she does, not in her character of nurse, but as Bessy's only and natural protector; she does it after deliberation and is helped to her decision, by reading certain passages marked by Bessy's husband in a book she had chanced upon—ideas which she allowed to persuade her that he would have joined with her in desiring to make what was left of Bessy's existence painless and comfortable. Justine Brent the nurse, though suffering even as the other nurses on the case were doing, would have held her hand from the act. Justine Brent, the only friend left to fight for Bessy, held herself bound to do as she did. The act never was repented at any time, even in spite of its dire consequences. Justine went her way self acquitted, knowing no feeling of wrong doing or remorse or regret. When she came to conceal the fact from her husband she did so because she feared his capacity for understanding and she hesitated to put him to the test because she knew him too weak to rise to meet it. When, however, it came to buying silence at the price of Wyant's appointment to a place of responsibility, she had no misgiving and her courage and resolution carried the day.

From the standpoint of the humanitarian there is no question of the righteousness of Justine Brent's course—for it must be remembered that we are living in an age unrivalled in history for the development of the humanitarian, the eleemosynary, the emotional and sentimental,—an age in which clubs, societies, corporations, and legislatures, unite in an

effort to bring about conditions whereby the whole of creation may cease from groaning and travailing. From the conservative standpoint of those who, even in this age, believe in the uses of adversity and the function of pain, Justine Brent will be condemned.

For Mrs. Wharton it must be said that in the opinion of the reviewer she had no intention of making the nursing profession, or the medical either, a target for public comment. The situation was bound to provide a test to measure Amherst and Justine. Everything in the book is incidental to that.

THE PHYSICIAN'S VISITING LIST FOR 1907. P. Blakiston's Sons & Co., 1012 Walnut Street, Philadelphia, Pa. Price, \$1.00.

THE Physician's Visiting List including diary, calendar, account book, etc., makes its annual appearance in the well known neat, compact and convenient form so long familiar to the profession. As usual it contains information on various subjects of interest to the practitioner, likely to be of use in times of emergency. The title page announces the present year to be the fifty-seventh year of publication for this useful little book.

FIVE HUNDRED SURGICAL SUGGESTIONS. *Practical Brevities in Surgical Diagnosis and Treatment.* By Walter M. Brickner, B.S., M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor-in-Chief, American Journal of Surgery; and Eli Moschcowitz, A.B., M.D., Assistant Physician Mount Sinai Dispensary, New York; Associate Editor American Journal of Surgery. *Second Series.* Duodecimo; 125 pages. New York: Surgery Publishing Company, 92 William Street, 1907. Price, \$1.00.

THE first series of this book, it will be remembered, was reviewed in these pages a year ago. The present volume includes the matter of the first series to which has been added an equal amount of new material thus making the book a second series rather than a second edition. To all who remember the first volume, the present work needs no better recommendation than the announcement that here is more of the same kind. Like its predecessor the present volume makes a very smart appearance in scarlet and gold binding making a pleasing diversion among the sombre tints usually adopted by scientific writers.

COMPEND OF SURGERY For Students and Physicians, Including Minor Surgery and a Complete Section on Bandaging. By Orville Horwitz, B.S., M.D., Professor of Genito-Urinary Surgery, Jefferson Medical College; Surgeon to St. Agnes' Hospital; Fellow of the College of Physicians, Philadelphia. P. Blakiston's Sons & Co., 1012 Walnut Street, Philadelphia. Price, \$1.00.

THE sixth edition of our old friend of the series of "Blakistons Quiz Compends" has been received. It is too well known to need any further announcement and no doubt will add many new friends to its old list.



THE Nurses' Settlement of Henry Street, New York, has opened a study room for the use of public school children who have no quiet place at home in which to prepare their lessons. The room contains comfortable chairs and tables, also a reference library for the use of students, and the librarian is a woman able to help the children with their lessons, if need be, and to teach them how to use the books of reference. The afternoon hours are reserved for children of the 7th and 8th grades while the evenings belong to high school, city college, or normal students. The room is so much needed and appreciated that there are lines of children outside waiting for a vacant chair. It is hoped the Board of Education may provide some such rooms in connection with the schools.

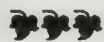
EMPLOYMENT AND CHILDBIRTH IN SPAIN.

"A recent Spanish law prohibits women from working four weeks after childbirth, and prolongs this period from one to two weeks if the attending physician advises such a delay. The law provides that employers must keep positions for mothers absent on account of childbirth. The nursing mother is to be given time in the morning and in the afternoon to nurse her infant."—*Charities*.

"MISS EVA WARREN of Quetta in a speech given at a meeting of the Nurses' Missionary League in London described the qualities needed by a nurse as 'grit, gumption and grace.'"

British Journal of Nursing.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL
FOR THE MONTH ENDING DECEMBER 12, 1907.

ALLWEIN, MARTHA R., recently arrived at San Francisco from the Philippines Division, assigned to duty at the General Hospital, Presidio of San Francisco.

ANDRESEN, MATHILDA C., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

ASTBURY, AGNES, transferred from Camp Keithley to the Division Hospital, Manila, P. I.

BAUER, MRS. CHRISTIANA M., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

HALLOCK, MARY H., transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Thomas December 5th.

HEPBURN, SARAH M., transferred from Camp Keithley to the Division Hospital, Manila, P. I.

HOUGHLAND, FLORENCE A., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

KENNEDY, MARY J., formerly on duty at the General Hospital, Presidio of San Francisco, discharged in San Francisco.

LEONARD, GRACE E., recently arrived at San Francisco from the Philippines Division; under orders for transfer to the General Hospital, Fort Bayard, New Mexico, for treatment.

MACDONALD, MARY D., reappointed and assigned to the General Hospital, Presidio of San Francisco for duty. Graduate of Newton Hospital Training School, Newton, Mass., 1893.

McKALLIP, ELSIE MARION, graduate of South Side Hospital, Pittsburg, Pa., 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

PICKEL, HELEN M., transferred from Fort Bayard, New Mexico, to General Hospital, Presidio of San Francisco, for duty.

POSTLEWAIT, CLARA L., transferred from Zamboanga to Camp Keithley for duty.

RIORDAN, MARIE A., recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila, P. I.

RITTENHOUSE, VALERIA, transferred from Presidio of San Francisco to the General Hospital, Fort Bayard, New Mexico, for duty.

SWEENEY, MARY AGNES, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed on Thomas December 5th.

WASHINGTON, NANNIE M., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.



TRAINING PERUVIAN NURSES.

“CONSUL-GENERAL S. M. TAYLOR, of Callao, reports that a contract has been entered into by the Peruvian government with the Bellavista Sanatorium, as follows: The sanatorium will admit as pupils six nurses to be appointed by the government, giving them board, lodging, and uniforms for the term of three years. The institution will contract in England for a regularly certificated nurse to instruct the nurses here, and a course of scientific education will be given them by the medical staff of the establishment in accordance with instructions prescribed by the government. The government is to pay the sanatorium one hundred and fifty dollars monthly for three years, half the cost of bringing the head nurse from England, and half salary of same for three years; also five hundred dollars toward installation expenses. At the end of three years the nurses will pass an examination and be awarded diplomas if found competent. They will then be under the direct orders of the government and under obligations to go wherever ordered.”—*Charities*.

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EDITORIAL COMMENT



PROGRESS AND REACTION

SOME fifty-odd years ago Florence Nightingale created a new profession, renovated the hospitals, reduced the death rate of an army; and yet the chief reason for her immortal distinction does not lie solely in this her achievement, but in her declared and reiterated explanation of *how* and *how only*, this was possible to her, and would alone be possible to her successors.

How many people do we know who have pierced to the spring of that current which she set in motion. Few, we believe. At least, we have read the words of many who quote her results yet ignore absolutely her basic principle, which was this—she has repeated it over and over again:

The undivided control of nurses in all that relates to their teaching, training, and discipline must lie in the hands of women, themselves trained, and occupying positions of undisputed authority within the limits assigned to them. Medical orders for the patients do not lie within these limits; they are external to them. For physicians, or male secular authorities, to control the training of nurses, is, in her own words, "fatal to discipline."

Again she says:

"It is extraordinary that this first essential, viz., that women should be, in matters of discipline, under a woman, should need to be advocated at all. But so it is."

If, rising from the narrow technical to the large social point of view Miss Nightingale's whole work is passed in review it must be at once seen that its brilliant essence lay in her taking from men's hands a power which did not logically or rightly belong to them, but which they had usurped, and seizing it firmly in her own, from whence she passed

it on to her pupils and disciples. In this she was a glorious and successful revolutionary.

In her day, the proofs of the total and shameful failure of men in hospital management and nursing were so spectacular that none could pretend not to see them. Since then they have learned much of her methods and a group of men, not all by any means, are of late years, making a determined effort to regain the lost autocracy, and, in order to keep women from advancing too far in opportunity, in education, and in responsible independence, there is at present a marked reactionary wave evident in many parts of the nursing and medical world.

Wherever the principles of Miss Nightingale have been accepted nursing has made wonderful progress. On the other hand, wherever her principles are ignored, and we find men (no matter whether medical or lay) in charge of the discipline and education of nurses, conditions are either as bad as they ever were, or are steadily declining from her level to that state of degradation where nursing was when she rescued it.

This is not a petulant expression of revolt, though the lay nursing journals, will probably call it such. It is simply a plain statement of fact and can be easily verified by past history, by current events, or by examining institutions. Thus to see whether nursing is really still as degraded as it was in 1850, inspect the hospitals of Southern Germany, Austria, Italy, and certain portions of France, where there has always been complete male control; and to see whether deterioration is taking place under the growing encroachment of men in the training of nurses, study the object lessons presented by Holland, where the results of selfish interests are well described by Miss Hubrecht in her paper read at Paris, and reprinted in last month's JOURNAL; examine the present melancholy spectacle in England, where, on one hand, mercenary employers of nurse labor are preventing State Registration, through fear that it will affect their pockets, and on the other, jealous officials are endeavoring to degrade to an inferior rank those officers who have been chiefly instrumental in making over those hospitals where the poorest of the poor are taken—the Matrons of hospitals and asylums under the Metropolitan Asylums Board, who, by their position and authority have heretofore been able to change the shameful state of things that once existed in those institutions to their present humane and civilized standard. Think what it will mean to all the poor if the nursing in those hospitals and asylums should fall back to what it once was, as it surely will if the Matron is deprived of her rightful share of authority, and consider that the *Lancet* and other medical organs would rather allow it to so fall back than not to subordinate the Matron in all matters of adminis-

tration and discipline to the junior medical officers. This is the attitude of men when their own supremacy is threatened. The good of the hospital and of the patients is overlooked.

Reaction may be studied nearer home. Take the recent history in New York City, where the most paltry reasons have recently been put forward for depriving hospital nurses of a sufficient time for training, for study, and for rest, and where a preference for the untrained attendant of former days has been openly declared by men whose genuine motive is a fear that nurses as a body are becoming too independent. Already the market is flooded with untrained attendants and half-trained women (the product of correspondence schools and special hospitals), so that it is evident that a real need for such services does not exist. The actual truth is that the calls for highly educated and able nurses cannot be met, the country over, and that there have never been so many demands for women of the most thorough training.

We have several states where reaction is marked, even to gravity. Let us candidly mention two—there may be others—Massachusetts and Pennsylvania. In the latter, state-subsidized sham schools have successfully prevented State Registration,—that plain, elementary justice which is the right of women who have given arduous years to the study of their profession. Every nurse knows the baleful influence of commercial training schools and selfish private hospital interests in Pennsylvania, and many understand that Massachusetts is now demonstrating the logical results of a long, gradual process of male encroachment in training schools, so gradual that it has been often overlooked until now when the nurses of the state, with surprise and alarm, find themselves in its grip. There we find a condition which it will be most instructive for nurses all over the country to study for there the nurses have been more nearly betrayed, quietly, than in any other state. One man who gives his nurses a good training in housework but a poor one in nursing has been able to block registration without appearing openly against it.

If the women of our profession are timid they should remember that reaction is to be expected, but it should always be resisted, or it will drown progress and compel future generations to go through the whole painful struggle again.

THE PROBLEM OF THE THIRD YEAR

THOSE nurses who have stood together in support of the three year course, in spite of criticism and protest from individuals and the lay nursing press, may well rejoice over the report of the New York City

Visiting Committee published on another page. The names of the men and women composing this committee are a guarantee that this report was an entirely disinterested one so far as what we may call the nursing situation is concerned. The investigation was made strictly in the interest of hospitals and of nursing education in its broadest relation to the sick in hospitals and the home. The conclusions reached by this committee as set forth in the report are a rebuke first, to those men who, from whatever motives, have led the revolt against the leaders in nursing education; second to those women in the nursing profession who have been intimidated or silenced by the leaders in the retrograde movement; third, to those lay nursing magazines which have supported this retrograde movement seemingly with the object of creating dissention within the nursing ranks.

We believe that this report practically brings an end to the discussion as to the wisdom and justice of the three years' course. Political or commercial interests may retard its universal adoption, but we feel that the standard has been fixed, and the large schools which do not adopt it will be recognized as belonging to a lower grade.

It certainly behooves the members of the nursing body from the highest to the lowest to hereafter stand together without faltering when discussions of this nature arise. We have stated in these pages over and over and we repeat again that nurses have always had the support in hospital administration, in education, and in registration of the more highly intelligent and cultured men and women in every community. It is where the interest of this class of people has not been solicited or aroused or where it has been overruled by the commercial or political majority that the efforts of nurses for higher standards have failed. It is like every other reform movement, the greater the need, the more bitter the opposition.

CHILD LABOR

AN important step in the steady—even if slow progress—in the campaign against the evil of child-labor has recently been taken in New York State by the Commissioner of Factory Inspection for that state, in the appointment of a medical man as medical examiner under the department. This step leads in the direction of ultimately freeing children and young people from untimely and unsuitable toil, by introducing the principle of physical fitness as a fresh weapon against the organized greed and sordid selfishness which have made wage-slaves of over a million children.

The retiring commissioner, Mr. Sherman, had laid the train for this appointment, and his successor, Mr. John Williams, has recently called a conference of people especially interested in social problems to advise with him as to the work of the medical inspector. Two of the members of this conference are well known to the readers of the *JOURNAL*; they are Miss Wald of the Nurses' Settlement in New York and Mrs. Florence Kelley, secretary of the National Consumers' League. Miss Wald suggested that the entire province of a medical inspector might be divided into two fields—one, the hygiene and sanitation of factories, and the other, the physical examination of employees, and the effect of conditions of labor upon health. As one medical inspector was entirely inadequate to the extent of this inquiry throughout the State, she hoped that the hygiene and sanitation might be given to an assistant, who might be a sanitary engineer, so that the physician might devote himself solely to his special work. Mrs. Kelley suggested that it might be most useful if the medical examiner began by taking two or three selected trades and investigated their effect upon women and children. It is probable that this course will be taken, and it is to be hoped that the evidence gained, of physiological facts declared by a competent medical authority, will go far towards creating public intelligence, and will ultimately provide a scientific reason for prohibiting the labor of all children under sixteen, and even of all minors who are of delicate physique. For it is not alone that certain trades are harmful in themselves, but also that the "speeding up" of modern industry makes all trades harmful if not actually dangerous to the proper physical and mental development of young persons.

OBLIGATIONS OF PUBLIC OFFICE

ONE of the subjects to which organizations everywhere should be giving more serious thought is that of the obligations resting upon those who hold office. The editor-in-chief is frequently the recipient of confidential letters complaining of the inactivity of the holders of important offices or of heads of committees, the writers asking for advice and assistance in what seems to be a hopeless situation. There are a certain number of persons holding official positions who are so overburdened with the work by which they earn their daily bread that it is impossible for them to perform the duties of public office. Such members should not permit themselves to be nominated or assume obligations that require work which they cannot perform. There is a certain type of woman who seeks

the notoriety of public office but who is lacking in a proper sense of moral responsibility to her associates. And there is the indolent type who will only work when she must, under any circumstances, although her ambition leads her to associate herself with the workers. The result is that in every organization, whether state, county, or *alumnæ*, the actual work of carrying on the society is narrowed down to a very few. Perhaps a president or secretary performs the work of all the other officers.

We think the subject of obligation of office is one that should be taken up seriously and discussed at local, state, or national meetings and a higher sense of obligation stimulated among the members. This could be done by papers, or by addresses from representatives from other lines of work where perhaps this question has been more satisfactorily adjusted. One phase of such a discussion should be a definite outline of the duties of retiring officers. Beginning with the president, and taking each member of the executive committee, and the heads of the various committees in turn, the work should be outlined showing where the duties of the retiring officer end and where those of the newly appointed one begin. There should be careful instruction by retiring officers of their successors in regard to the work which has been done or which is unfinished at the time of their retirement. We need a broader distribution of our organization work, a bringing in of new people in association with older members.

We begin to see the need in our organization life of a field secretary, a person who shall act as secretary of The Associated *Alumnæ*, in that way being permanently a member of the Executive Committee, but who shall give her entire time to the organizations, going about from city to city and from state to state, stimulating, instructing, and reorganizing where necessary, among the affiliated societies. We believe the time is coming when for the best development of nursing progress we must have such an officer, and she should be a woman of leadership qualities, with those characteristics which beget confidence, and her work should combine those branches of national work which are included under the heads of education, organization and publication. The creating of such a position would of course necessitate the paying of a good salary, but with a society composed of an affiliated membership of twenty thousand it should not be many years before the salary question could be adjusted. There is an immense amount of work to be done in these three departments of nursing development, and among our association workers we have a number of women whose services to the country as a whole would be invaluable under such conditions.

ENFORCEMENT OF THE REGISTRATION LAWS

ANOTHER subject to which nurses should be turning their attention intelligently and judiciously is the manner in which laws for state registration now in force are being administered, with reference to the manner of their interpretation and the effect of such interpretation upon nursing education. The fact that a state has secured a law does not solve all the problems within its boundaries. If in its administration or interpretation the act as spread on its statute books is found to be defective, it is time to consider amendments. If it is found that influences from the outside are interfering with its most effective administration, it is within the province of the association which has secured the passage of the law to make such protests through the proper channels as shall make the administration most effective. We think there is a tendency to drop the responsibility of the administration of these laws on to the shoulders of executive boards or state officials, and if this tendency increases, laws for state registration will deteriorate in their practical usefulness just as any law deteriorates over which a watch dog policy is not maintained.

A SUGGESTION TO BOARDS OF EXAMINERS

WE want to make the suggestion to members of boards of examiners of the different states that wherever the term treatment is used it shall, as far as possible, be designated as nursing treatment in distinction to medical treatment. We think the universal use of this term in considering those emergencies in which a nurse is expected to act in the absence of the physician will rapidly tend to dispel the idea that in these examinations the intention is to displace the physician or to infringe upon his province, and it will also keep before the nurses during the examination the fact that the papers are to be answered from the nursing standpoint and not from the medical stand-point, and gradually the necessity for teaching medical subjects from the nursing stand-point exclusively will be reflected back to the teachers in the training schools.

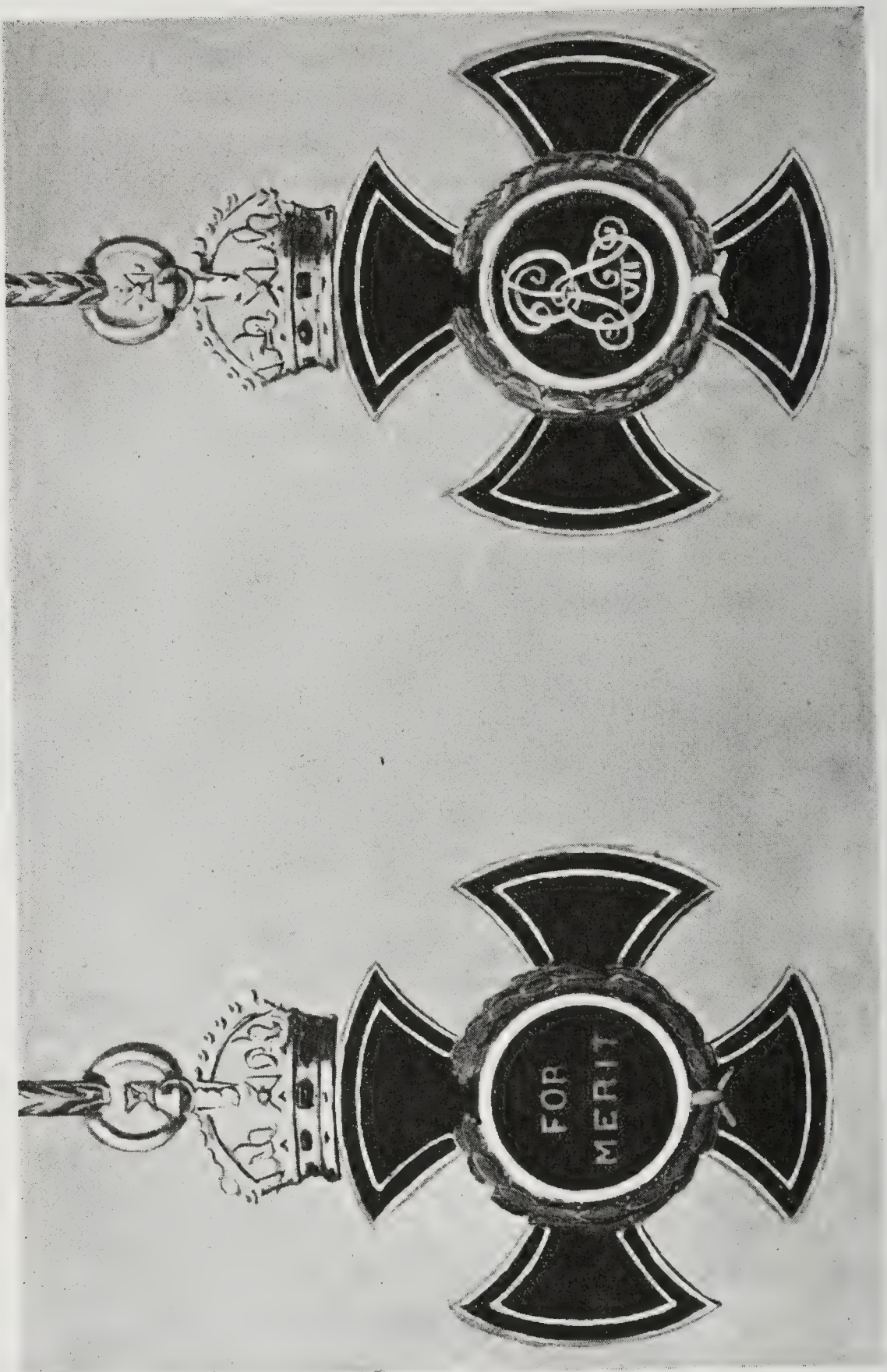
There has always been a nursing treatment which the nurse is instructed to carry out in emergencies or in the absence of the physician, there always must be such instruction given, and the term treatment cannot be entirely eliminated from examination papers, but it should always be modified by the adjective nursing to distinguish it from medical.

“THE LIST TO LEAVE BEHIND”

It is not only the district or visiting nurse who needs to possess some teaching qualities. Every private duty nurse is called on again and again to give instruction in the care of the sick to members of a family who must carry on her work when she leaves. Nurses vary greatly in their ability to impart knowledge, some who do the best work, themselves, find it almost impossible to tell others how to do, while to another the giving of lessons in home nursing is delightful and she is sure to interest and enthuse her pupil. Children are very apt scholars, and one is often amused to find how much a child in a house has grasped by accurate observation while some elder person is having a struggle to comprehend directions. Miss Sherman gives us in this JOURNAL a helpful article on “The List to Leave Behind” which obstetrical nurses will appreciate. The relation of the nurse to her helpers or successors should be, as we must constantly remind ourselves, one of encouragement and appreciation, not of superiority and criticism. Often the results of these instructions are most surprising, the person who seemed so timid or slow to comprehend gains confidence with experience and profits more than we had hoped by our labors, and if good underlying principles are laid down and impressed upon the untrained mind, the structure built upon them will often be a worthy one. On the other hand, much harm may be done by dwelling too much on some procedure imperfectly understood, without going back to the reason for the act. For instance, if one had to choose, it would be better to insist upon a thorough scrubbing and rinsing and clean handling of a baby's bottle, at each feeding, than to implant the idea that a boiling of three minutes once a day will atone for carelessness the rest of the twenty-four hours.

It is not only the obstetrical nurse who is called upon to leave instructions. How often a patient of limited means must part with his nurse just when the worst of typhoid or pneumonia is over, and the future conduct of the nursing of the patient will depend as much upon the intelligence shown by the trained nurse in teaching as upon the intelligence of the amateur nurse in carrying out what she is taught. We hope that some contributions on this kind of home nursing in medical, surgical and contagious cases will be sent in by those who have been interested and successful instructors.

Perhaps this may be a good time to speak of the dearth of good papers on private nursing subjects in this and in all nursing periodicals. It is much easier to obtain papers on hospital and educational problems, ethics, etc., than on the practical every-day nursing subjects, yet these



latter are what nurses in general look for and want. It sometimes seems as if all the women of ability had taken up hospital work, for these contribute the majority of papers read at nurses' meetings or published in magazines. The old excuse that private duty nurses are too busy hardly holds, for we all know that hospital people are busy too, and the best papers we have had on private duty subjects have been written by nurses in the thick of the fray who are constantly in demand. The reason probably lies in the fact that private duty nurses are so uncertain of their time and are so in the habit of excusing themselves from holding office, serving on committees, etc., that they end by excusing themselves from all obligations to their profession, except that of being a good nurse. We invite them to wake up with the new year, turn over a new leaf, and share with others what they have been learning. To those who doubt their literary ability, we would say that all editors of all magazines are in the habit of putting into shape manuscripts sent them which contain good ideas but which lack the ease of expression which comes with more constant practice, and we shall be glad to give the finishing touch where it is needed to otherwise suitable articles.

MISS NIGHTINGALE'S DECORATION

THROUGH the courtesy of *The British Journal of Nursing* we have received a photograph of the decoration recently conferred upon Miss Nightingale by King Edward. We quote the description given in *The British Journal*.

The insignia of the Order of Merit were conveyed to Miss Florence Nightingale by Colonel Sir Douglas Dawson, Registrar and Secretary of the Central Chancery of the Orders of Knighthood, on December 5th. Sir Douglas Dawson drove from St. James's Palace in a Royal carriage to Miss Nightingale's residence in South Street, Park Lane, W., where members of her family were waiting to receive him.

"By command of his Majesty the King I have come," said Sir Douglas, "to convey the insignia of the Order of Merit to Miss Florence Nightingale."

The case containing the cross of the Order, with its beautiful blue and rose ribbon, was then conveyed to Miss Nightingale, who remained in her own room, but received the insignia with much pleasure, and dictated her thanks for the honour conferred upon her by her Sovereign as follows:—

"His Majesty King Edward VII.—Miss Florence Nightingale desires to express to his Majesty her gratitude for the honour he has done her in graciously appointing her to the Order of Merit. She feels

keenly the honour it is to be associated with the distinguished men already members of the Order."

The message was at once conveyed to Sir Douglas Dawson.

By the courtesy of the Lord Chancellor's Office we are able to give the accompanying illustrations of the Order, which represent its actual size. It is carried out in blue, red and green enamel. The centre of the cross bearing the words "For Merit," is of blue enamel surrounded by a wreath of laurels, and the arms, which are eight-pointed, are carried out in red. The reverse side bears the King's monogram. The cross is surmounted by a crown, and is suspended by a handsome ribbon, two inches wide, in soft shades of royal blue and rose red.

Had the women of the United Kingdom been invited to vote for the British woman upon whom this honour should be conferred the large majority would unquestionably have recorded their vote in favour of Miss Florence Nightingale, the first woman entered on the Roll of King Edward VII.'s Order of Merit.

HOSPITAL ECONOMICS CONTRIBUTIONS

MANY inquiries reach the JOURNAL office as to where the money pledged for the Hospital Economics Course should be sent. That pledged at the meetings of the Superintendents' Society or the Associated Alumnae should be sent to the treasurers of those associations, whose names are always to be found in the Official Directory at the back of the magazine. Independent contributions may be sent directly to Miss Nutting, chairman of the finance committee appointed by the two associations. Her address has been added this month to the Official Directory.

Returns from the pledges made at both of the association meetings are now coming in and will be reported from month to month. A number of associations that made no promises have sent splendid contributions and several not affiliated with the national alumnae have made liberal donations to the fund. Let this be a banner year in promoting the cause of higher education for nurses. Every penny helps.

Miss Nutting's report in the official department shows a splendid beginning.

THE SAN FRANCISCO PARTY

NURSES are asking when and by which route the delegates and members are to leave for San Francisco. It will add greatly to the pleasure of the trip if the nurses can travel in groups, and we will give

in the March and April numbers of the JOURNAL definite dates, and trains leaving Chicago, so that those who desire may meet at that point and travel together across the country. We will also give some information for the convenience and comfort of those who have never crossed to the Pacific coast. Those who have definitely decided to go and who would like to join such a party may send their addresses to the secretary of the Associated Alumnæ.

NURSES FOR THE NAVY

IN the navy bill now before Congress is embodied a clause providing for women nurses in the medical department of the United States Navy, to be eligible for service at naval hospitals, on board hospital ships, and for such special duty as the surgeon general of the navy may deem necessary.

The Surgeon General in *The Maryland Medical Journal* for December has outlined his views on this subject.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

ACTIVE preparations for the International Congress on Tuberculosis to be held in Washington, next September, are under way in other countries. The National Committees for France, Germany, Sweden, Austria, Holland, Greece, Bulgaria, Cuba, Venezuela, Brazil and Costa Rica have organized and have forwarded their membership lists to the Secretary-General. The French committee has a membership of over three hundred and includes men of prominence in public life as well as in the medical profession.



THE LIST TO LEAVE BEHIND

BY RUTH BREWSTER SHERMAN, R.N.

Graduate of Johns Hopkins Hospital

MANY years ago I heard one young housekeeper say of another: "I don't think much of John's wife, she's always asking how to do things. Yesterday she asked me how to cook a beefsteak. I told her it didn't take anything but a little common-sense—and a beefsteak."

Whenever I am asked about the care of babies I am reminded of this and tempted to answer, "It takes nothing but a little common-sense—and a baby." Once I did make this reply and received the rejoinder, "Yes,—but babies are common, while common-sense is rare." This lady was a little hard on her sex. Common-sense in general, certainly is not rare; but nowadays that particular kind of intuition needed for the easy and successful care of young babies seems not to be the natural possession of all women that it was once believed to be. A chief reason for this is, the small families which have prevailed during the last generation. In the large families which were formerly the rule, the daughters were used to the constant addition of babies to the household, had to help in their care, and developed a certain amount of instinct in child-nurture as naturally as they learned cleanliness and sewing. Infant mortality was high in those days. The smaller families and healthy book-raised children are better assets of national wealth: but with the improvement has come this difference, many growing girls have no experience with little children in their own homes, and it is common to find young mothers twenty or twenty-five years old, who have never even seen a small baby until their own are born. It is these who are most in need of careful teaching, and are usually apt pupils, for while their lack of instinct as to what to do for their babies is often discouraging, having few ideas on the subject they have nothing to unlearn and can be taught aright from the beginning. It is these who nearly always ask for written rules for the care of their babies and in my experience nothing is more common than the request, "Won't you write down all these things you have told me? Make a list to leave behind when you go." This "list to leave behind" should be made thoughtfully and carefully, that it may represent and carry on the nurse's best principles in the care of her little charge.

Before the birth it is no use to discuss with the mother, the care and bringing-up of her baby—this is much better taught (and immeas-

urably better learned) by example as daily occasion arises. During the first fortnight after the baby's advent it is needless to draw the mother's attention to more than the time and length of nursing, the cleansing of her own nipples and the baby's mouth and the amount of water given to drink. When she begins to sit up the baby will have "straightened out" into a normal little individual, and she should be taught to observe, learn and understand the whole routine of its daily care and progress. Most young mothers respond well to this teaching, even if they expect to employ nurse-maids. Here and there, however, one meets a woman who enjoys the novelty of her baby but is frankly bored by instruction and has not the slightest intention of assuming the responsibility of its care. In these cases the best that one can do is to insist on the early engaging of a well recommended child's nurse who can come to the house long enough before the trained nurse leaves for the latter to assure herself that the baby is passing into competent hands. Even in the case of an interested and conscientious mother, if she is herself inexperienced, then urge that the search for a reliable nurse-maid be begun early and pushed tirelessly until a suitable one is found. My work has taught me that attention to this is a very important part of a nurse's duty and one in which she must early stir herself, since few young parents realize the difficulty of finding, and the importance of securing, a really desirable woman.

But even with the nurse-maid secured, the mother generally wants her list of rules. This may be brief, only serving as a reminder of the things already taught. Too much should not be left until late in the month; for if the nurse has been, from the beginning, patient, careful and accurate in answering all questions and explaining all details, the mother will avoid the mistake of feeling the care of her child to be a very intricate and complicated process; and will have grown to feel that, though she has still much to learn it is, after all, a very reasonable matter calling mainly for common-sense and a certain sympathetic ability to understand things from the baby's point of view. Below, under headings, are the main points of what should be the nurse's teaching, given daily during her stay and outlined by the instructions which she leaves.

1, Mother's Hygiene. As far as possible the nursing mother should eat all ordinary foods and drink plenty of fluids beside one full quart of milk daily. Sometimes one particular article will always give the baby colic, and when this is so after repeated trials, that article had best be avoided. In general, however, though various foods may disturb the baby temporarily, his stomach will soon accommodate itself to them and cease to give trouble. It is much better in every way, and conducive to a

much better supply of good milk, that the mother should follow a substantial diet of all the ordinary foods.

The mother should in every way lead as healthy a life as she can, but even if she is careless in other respects, as many young women are, a wise nurse will not fail to impress upon her the importance of proper care of her bowels. If she becomes constipated, as is the tendency with most modern women, her milk will be deficient in fat and the immediate result will be a fretful, unsatisfied baby, not gaining in weight and with sluggish bowels. A nurse cannot too carefully impress this on every mother's memory, carefully explaining cause and effect.

It has been suggested that the mother should continue sterile dressings on her breasts after the nurse leaves. It seems too much to ask any woman to take the trouble to make or use such dressings, even if we could honestly say they are necessary, which as a matter of fact they are not. If the mother keeps up the practice of bathing her nipples with boric solution before and after nursing, it is quite enough. This much we should urge her to continue to do, for cleanliness and safety's sake.

2, Baby's Hygiene. Besides the daily bath there are some parts of the child which need special attention and care. The eyes are washed daily with warm boric or salt solution; for a "clean" baby this will be enough, if infection appears in three or four days any treatment ordered may be begun. This is usually a 2 per cent solution of nitrate of silver, dropped into the eyes with a glass dropper, followed by flushings with boric solution every quarter or half hour. This should be done with a dropper, if pledgets are used they must be soaked with solution, and no pledget which has touched an eye used a second time. The child's head should be turned from side to side and the lower eye wiped from the nose toward the outer corner, to prevent infection of one eye from another. Sometimes infection appears late, after the physician has stopped his visits; in this case the nurse is justified in herself promptly taking these measures: and in fact wherever a nurse has persistent difficulty in keeping a baby's eyes perfectly clear, it is the wisest course for her to use the silver a day or two before she leaves, so that on her departure she may feel sure his eyes are in good condition and need only the daily boric washing.

The mouth should be washed before nursing, but not afterward, as the baby is then falling asleep and should not be disturbed. In order not to scratch the delicate membranes, it is best not to put the finger into the mouth but to insert a good-sized pledget soaked in boric acid and, while the child sucks upon it, to move it gently and thoroughly all around the cavity.

It sometimes happens that the umbilical cord is still on when the doctor ceases to visit the mother; sometimes, too, people of moderate means employ a trained nurse "until the baby's cord comes off." In these cases, after the second week or so the doctor will be willing to interfere; or, if the doctor has ceased his visits, the nurse can herself get a 10 per cent solution of silver nitrate and with a small camel's-hair brush paint thoroughly the drying stump, taking great care not to touch the baby's skin. Two applications of the silver, two days apart, should remove the cord and the aftercare of the navel consists merely of powder and cotton dressing.

The buttocks must receive attention at every changing of the diaper, and if ordinary talcum does not suffice to prevent chafing, the skin must be kept covered with lanolin and dusted with lycopodium. Wherever this condition is severe and persistent it should be brought to the doctor's notice as it is often a sign for some alteration in the food. An excess of sugar in the food leads to fermentation in the stomach which makes the stools very irritating or "scalding." The young mother should learn that any rash, or severe chafing around the buttocks is sufficient reason for consulting a doctor for her child.

Nor can the mother be too carefully taught the care which the genitals require. With a boy baby the doctor will, on the fourth or fifth day, draw back the prepuce and break up any adhesions which may exist. Thereafter the nurse must do this every morning at the bath, cleansing every crevice thoroughly. The mother and nurse-maid must be taught how to perform this service gently, quickly and thoroughly, at the same time with just as little handling of the parts as possible. The dangers of neglect, or of too much handling, should be equally impressed upon the mind of anyone who is to have the care of a little boy. A girl child generally retains in the folds of her genitals, traces of the vernix caseosa which do not wash away sometimes for ten days or more. Keeping the parts well covered with vaseline is all that can be done, and will soon remove these traces. But at every changing of the diaper a little vaseline or cold cream should always be put between the labia, in all little girls, and the person who is to have the later care of them should be taught to continue this practice.

3, *Colic* is a time-honored bugbear which all grandmothers and "old family friends" thrust at a trained nurse with an air of triumph, as the one thing which she cannot expect to prevent. Really nothing is more easy, if she feeds the baby intelligently and conscientiously, and "gently but firmly" discourages any interference with the baby and his routine. In cold weather (or, with a small or delicate baby, in any

weather) a hot water bag near the child's stomach after nursing, as it goes into its crib to sleep, is practically a sure preventive for colic. The mother should learn that the hot water bag is used, not because the baby is himself cold, but because the little body does not always itself furnish enough heat to carry on digestion properly, therefore the use of extra heat to prevent indigestion. If this does not suffice, essence of peppermint is easily procured and one drop in an ounce of hot sweetened water quickly routs the foe. Paregoric the mother must be strictly taught to avoid, because of its constipating action. If there is any reason to suspect the food-supply of a colicky baby, the mother's milk should be analyzed. If trouble exists, it is usually with her, not with the child.

4, *Feeding* is the most important problem of the baby's care, but fortunately, in this day, usually a simple one. All nurses are taught, and are capable of teaching, the proper time, interval and length of nursings, how to watch the weight and the movements, to prepare modified milk and the cleanly care of all utensils connected with the food. These things must be taught to the mother until she thoroughly understands, not only what to do, but how to do it *right*, and why each thing is done as it is. My experience is, that this is the hardest of all subjects to teach to inexperienced women, since they will often learn mechanically to make up the milk, without in the least grasping the principles of the process—that inexorable “*Reason Why*” which governs every detail. A schedule of the feeding hours should be made out and left with her for her constant reference, with instructions also on the variations which can be safely allowed; but during the whole of the nurse's stay she should lose no proper opportunity to impress on the mother the prime necessity of care in this respect, the changes in the composition of breast milk from nursing at too short or long intervals; the effect upon it of her own physical or mental condition; the harm done the baby by feeding him too often, or too large a quantity at once. She must also be taught the need of keeping the baby awake and nursing as steadily as possible, of making it take the full amount in its bottle, and of letting it go directly to sleep as soon as it is fed. This would seem a simple matter, yet we constantly find women who let the baby fall asleep against the comfortable warmth of the breast almost as soon as it is put there, or let it nurse by fits and starts in order to play with it, or keep it awake after nursing for the same reason. The young mother should be given time to do all her petting and playing with her baby, and exhibiting it to friends, before beginning a nursing: once begun, nursing, she must be made to feel, is a serious business, to be attended to with serious business-like accuracy.

It is best to have every mother's milk analyzed about the third week, when it can be learned whether or not any corrective feeding is necessary. Mother's milk is often deficient in fat and needs supplementing by cream-and-water mixture. Even when the analysis is good, most children are given bottles part of the time, so that modified milk must be made daily. While most babies will, from the first, thrive on the usual formulæ, there are many with whom careful and patient experimenting is needed before exactly the right combination is found. A wise nurse will therefore begin early enough, so that at her departure she may leave the baby well established on a milk which exactly suits him.

There is one point on which we find much erring—the size of the holes in rubber nipples. Most people use such fine holes that the baby, except an unusually large and vigorous one, gets tired of the effort to draw the milk and either drops to sleep nibbling fruitlessly on the nipple, or cries protestingly while the family cannot understand “why he doesn't want his milk”—the milk which he does want, but cannot get! Most of the nibbling and sucking habits are begun this way—distressing habits, hard to break and, the medical book tells us, dangerous to both health and morality. The nipple hole should be burned with a wire hairpin, and should always be large enough to let the milk drop through slowly and easily when the bottle is held inverted. It is certainly reasonable that a small, weak or delicate baby needs a large hole in the nipple, that he may obtain his food without expending much energy in the effort: if any child needs a fine hole it is the strong vigorous child who sucks ravenously and gets his food too fast.

5, *Water*, the young mother should learn, is a prime necessity for her baby, along with fresh air, daily food and bath. Even before the milk appears, two or three ounces of hot sweetened water can be given daily (in a bottle, not a spoon, that the child may learn from the first to draw on the nipple); while four or six ounces daily may be taken by a baby approaching a month old, in addition to its routine food. All water should be sweetened, fifteen grains to the ounce (one teaspoonful in four ounces), since it is then more quickly and easily absorbed than if given plain,—an important point when the baby demands a drink not long before feeding time.

6, *Bowels*. After the mother has learned the proper character of the movements she should be taught judgment as to the number she expects. Babies do not go by rule in this respect; and while the size of the movements is usually in relation to their number and frequency, a daily movement should not be expected or required. Teach the mother to wait until the middle of the second day without an action, before she

interferes to hurry nature: and when interference is necessary, let her avoid irritating the delicate rectum with soap-sticks, suppositories or enemata, thereby lowering its muscular tone and natural activity,—but instead of these, let her learn to add a teaspoonful of olive oil to the next bottle feeding. This is well taken, and gives a free good movement in about four hours. It is the best of all purgatives for a baby because of its gentleness and efficiency, beside being nourishing and fattening.

7, *Exercise* is a need which seldom occurs to adults as necessary for a young baby. We know, and must teach, that the baby gets most of its exercise by crying, and that a moderate amount of crying “when nothing in the world is the matter” is good not only for the lungs but for every muscle of the small body which spends so many inactive hours in sleep. Discourage the tendency to tuck the child firmly under all its bedclothes, or to keep it snugly wrapped in a shawl when on the lap. The baby may be well fed, well kept, and spend much time in the open air, but unless it gets necessary exercise with lungs, arms and legs, its flesh will be flabby and it will take cold easily and constantly. Aids to this end also are, the regular turning of the baby from one side to the other every time it is laid back in the crib after nursing, and the change of position it gets by being held over the shoulders or across the knee; in these ways we relieve the helpless little muscles from the monotony of positions which they cannot alter. An old medical book, speaking on this subject says: “At his daily visit the Doctor should question the mother and nurse about the crying of the child, as to whether it cries sufficiently. If he shall satisfy himself that the crying is not enough, or if there is doubt upon the point, then the doctor on his daily visit shall make it his duty to diligently spank the child until it shall have cried the necessary amount.”

8, *Sleep* is the natural condition of young babies, but there are many children of elderly or nervous parents, or born into noisy households or other unfavorable conditions, who after the first week do not sleep as well as they should and need to be induced in every way. Here the nurse must be alert to lay aside, if needful, her usual ideas and methods of training the baby, and devote herself to teaching it to sleep; for the *habit* of sleeping is just as necessary to its health as regular feeding and can be taught in much the same way, by—in any way—getting the baby to sleep as soon as possible after each nursing. Sometimes the trouble is indigestion, when a hot water bag, or holding over the shoulder or knee, will relieve it and bring sleep. It should be remembered that babies, particularly large ones, do not digest their food easily while on their backs, and must lie on the side or preferably the stomach, after being fed. If the young mother, or any member of the household has

strong ideas of “training the baby properly” and object to the holding, it can always be urged above all objection that for the baby’s health, and the comfort of the household, there is nothing, not even accurate feeding, more necessary than steady cultivation of the sleep habit.

9, *Medical Supervision.* But even a month or six weeks of careful and most friendly teaching can impart to the mother only a very small part of what she needs to know for her guidance in caring for her first baby. To guard against the woebegone feeling of over-responsibility and utter helplessness with which so many approach the care of their own children when the trained nurse departs, the best we can do is to leave the mother protected by the best aids—a good book and a good doctor. No mother who has Dr. Emmett Holt’s “Care and Feeding of Children” can go far wrong, and will learn from it from day to day, as the safest possible guide to her actions while she is acquiring that “gathered knowledge of the years” which will give her self-confidence. Also let the nurse urge each pair of young parents to choose promptly a doctor who shall be the baby’s “family physician:” have him come once before the nurse leaves, to see the baby—inspect its eyes, mouth, navel, genitals and whole body, its weight record, its stools, and learn the composition and amount of its food. If the family means will permit, urge on the parents the wisdom as well as economy, of having the doctor visit the baby at regular intervals to watch its progress and keep it in health. If the nurse can accomplish these two final things, she may conscientiously feel that she has done her full and last duty by both child and mother—and leave the house with the comfortable knowledge that, so far as in her lay, she has done everything possible to make smooth for them both the “rough road to learning *how*.”



WE find modern cities crowded to-day in a way quite unprecedented; statistics show, for instance, that New York contains districts more densely populated than any other known region of equal area. But this is really a compliment to modern sanitary science, which has made possible the building of higher houses by adequate systems of plumbing and by the introduction of sewerage facilities into streets. Thus ten times or a hundred times the number of people can live in fair health in a place which was formerly fatal.—*Journal American Medical Association.*

REPORT OF THE NEW YORK CITY VISITING COMMITTEE ON THE THREE YEARS' COURSE

A LETTER on the best length of a course of general training for nurses submitted to the Department of Public Charities by the New York City Visiting Committee of the State Charities Aid Association with recommendations based upon a study of the opinions of one hundred and forty-five superintendents of training schools or of hospitals throughout the United States and recent information from training schools in New York City, November 20, 1907.

EXECUTIVE COMMITTEE.

THE OFFICERS,

THE ELECTIVE MEMBERS,

MISS HELEN C. BUTLER,

MRS. WM. B. RICE,

AND

THE CHAIRMEN OF SUB-COMMITTEES:

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MRS. F. L. CRANFORD,	ALEXANDER C. PROUDFIT,
MRS. WM. G. DAVIES,	MISS EMILY SCHWAB,
MRS. WM. K. DRAPER,	MRS. WM. CHANDLER SMITH,
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EDWARD W. SHELDON	. .	TREASURER.
COURTENAY DINWIDDIE	. .	SECRETARY.

105 EAST 22D STREET,
NEW YORK, November 20, 1907.

Hon. ROBERT W. HEBBERD, Commissioner,
Department of Public Charities,
Foot East 26th Street,
New York City.

MY DEAR COMMISSIONER:

In connection with the consideration in the early part of this year of the advisability of changing the length of the course of training in the training schools for nurses attached to the hospitals in the Department of Public Charities and Bellevue and Allied Hospitals, and to other hospitals in the City, such reconsideration being prompted in part by the difficulty in securing a sufficient number of desirable applicants for admission to the training schools, the New York City Visiting Committee undertook to ascertain, as far as possible, the actual experience of training schools which had changed from a two years' to a three years' course, as to the effect of this change upon the number of applicants, and also at the same time to secure the opinions of superintendents of training schools in general as to the merits of the two years', and two and a half years', and the three years' course.

The Secretary of the Committee addressed the superintendents of training schools for nurses in the United States and Canada, outside of New York City (the opinions of the officials of such schools in New York City being already known to a great extent), according to the latest available list of such schools. The subjects covered by this inquiry and a compilation of the replies, are contained in a report submitted to the New York City Visiting Committee by its Secretary, Mr. Courtenay Dinwiddie, on October 23, 1907, together with some extracts from reports of the U. S. Commissioner of Education, touching upon this subject, and the official or semi-official opinions of two organizations of nurses. We submit herewith a complete copy of Mr. Dinwiddie's report, believing that the information contained therein will be of value to you, both at present and in the future, in the further consideration of this subject.

We desire to submit the following comments and recommendations, based upon our study of the facts stated in Mr. Dinwiddie's report, and upon existing conditions in the Training Schools of the City.

I. VALUE OF OPINIONS OF TRAINING SCHOOL AND HOSPITAL
SUPERINTENDENTS

As the inquiries sent out in behalf of the Committee related primarily to questions of training school administration they were addressed to superintendents of training schools, exclusively. It was found, however, that in many cases the superintendents of training schools were also the superintendents of the hospitals to which the schools were attached. In some cases the communication was referred to the superintendent of the hospital for reply. Of the one hundred and forty-two replies received that were definite and pertinent, sixty-six were from superintendents of training schools, or of nurses; and seventy-six from superintendents of both hospitals and training schools or of hospitals alone. As to the facts concerning the present and past practices of these schools, the replies undoubtedly may be considered authoritative. As to the opinions expressed, it is to be borne in mind that the respondents speak from the point of view of extensive training school experience.

Concerning the effects of the three years' course upon the number of nurses applying, they are doubtless in a better position to express opinions of value than any other persons.

As far as the care of the sick in hospitals is concerned they are also in a position to speak from personal observation and wide experience as nurses themselves, as executives, and in many cases as instructors. Their opinions on this subject, therefore, should, in our judgment, be given very great weight, in connection with the opinions of the hospitals' physicians and surgeons.

As far as the care of the sick in their own homes by trained nurses, after graduation, is concerned, it is to be remembered that those replying speak from the experience of institutional rather than of private nursing. As to the weight that should be given these replies in considering the question of how desirable or necessary a three years' course of training is to prepare a nurse to care for patients in their own homes, under the instructions of the physicians in charge, we express no opinion, except that in comparing the proper length of training to prepare a nurse to care for patients in a hospital, with the proper length for private nursing, due consideration should be given to the increased responsibility of the nurses caring for patients in their own homes, without constant supervision and without internes or supervising nurses at hand. The adequacy of the preparation of nurses for private nursing has an important bearing upon the problems of the municipal training schools. To be trained for private nursing is the object of a large part

of the applicants and, therefore, the better and more attractive such training is the better will be the general character of the applicants.

II. VALUE OF OPINIONS OF NURSES' ORGANIZATIONS

The official resolution adopted by the American Society of Superintendents of Training Schools for Nurses at their last annual meeting, as quoted in the Secretary's report, bears upon only the general question of the relative merits of a three years' course as compared with a two years' course. This resolution, however, should, in our opinion, be given great weight in connection with the above opinions from individual superintendents of training schools and of hospitals, as it undoubtedly expresses the conclusions of the superintendents represented in the above society, after careful consideration of the various problems in connection with the training of nurses, although its exact application to any of the special problems arising in connection with the schools in the Department of Public Charities, requires further consideration.

The semi-official resolution of the Nurses' Associated Alumnae is likewise a somewhat general expression of opinion. It is of especial interest, however, because the opinion is based upon the experience of the members of a more representative body of nurses, who have had not only training in institutions, but presumably a wider experience also in nursing patients in their own homes. The fact that this representative body of nurses unqualifiedly endorses the three years' course, with shorter hours, and disapproves of the return to the two years' course, as a result of experience in the actual work of nursing both in hospitals and in private homes, should be given careful consideration. It is to be noted that the resolution specifically states that the three years' course should be with shorter hours.

III. REPORTS OF U. S. COMMISSIONER OF EDUCATION

A study of the reports of the U. S. Commissioner of Education for some years past shows that the number of pupil nurses in training schools throughout the country has been steadily increasing up to 1905 at a rate which does not appear to have been materially affected, if at all, by the general lengthening of the course from two years to three.

IV. THE SITUATION IN NEW YORK CITY

Information has been secured as to the number of applicants, the number accepted as probationers, and the number accepted as pupil nurses for eight of the largest training schools of the city.

These figures show that the number of applicants to these eight city training schools decreased in 1903 from the number in 1902; that the number then remained practically the same until a decrease occurred in 1906; that so far for 1907 there has been a decided increase *pro rata* over 1906 for the eight training schools for which the figures have been obtained, excepting the two connected with St. Luke's and the Presbyterian Hospitals, which had, however, more applicants than any of the other schools. With these exceptions the increase apparently has been least in the case of the Metropolitan Hospital Training School, which alone has no emergency service. That the number accepted as probationers so far during the year 1907 has been less *pro rata*, than for any year from 1902 to 1905, inclusive, but shows an increase over the number for 1906. That the number accepted as pupil nurses so far during the year has been greater, *pro rata*, than for any other year since 1902.

* * * * *

As a result of our study of the information from various sources referred to above, we believe that the experience of training schools generally throughout the country points to the following conclusions, bearing upon the present situation in the training schools connected with the Departments of Public Charities and Bellevue and Allied Hospitals in this city.

1. That the decrease in numbers of applicants to individual schools has been due in part to the great increase in number of training schools and hospitals throughout the country, and the consequent greater demand for pupil nurses, and in part, to the failure of the training schools to provide for shorter hours for the nurses with sufficient time free from ward work for recreation and study, and for more systematic courses of training generally, such as it was understood were to accompany the lengthening of the course from two years to three. That in eight of the largest training schools in New York City there has been a decrease in the number of those accepted as pupil nurses from 1902 to 1905, but that this number has increased since 1905, so that it has been so far during 1907 at a higher rate than for any other year since 1902.

2. That the shortening of the course of training probably would increase to some degree the number of applicants of a less desirable class. That the number of applicants of a more desirable class probably would be increased only slightly, if at all, and this increase would be more than offset by the additional numbers required because of the fact that the entire force would be changed within every two years instead of every three years.

3. That the best method of increasing the number of applicants to any particular school is to improve the character and increase the variety of service; to have as short and regular hours of ward work as are reasonable and practicable, with sufficient time free for recreation and study, and regular and ample vacations; to provide good quarters, good food and ample facilities for recreation. That these matters are of especial importance to schools having a three years' course of training.

4. That a three years' course is necessary to enable the patients in the hospitals to obtain the benefit of the nurses' services when they are more experienced, in return for the training they receive, and also to minimize the undesirable results of frequent changes of nurses from department to department and to give the force of nurses a somewhat more stable and dependable character.

5. That a two years' course of training should be allowed only in schools connected with hospitals that are too small, or whose services are of too special or limited a nature to give the nurses a thorough training in the various branches in which they should be experienced for general nursing. That if the officials of such training schools wish to graduate nurses that are properly equipped for general nursing, and that will add to the reputation of the schools, they should meet the deficiencies in their courses of training by affiliation with other schools, the total length of training to be three years.

6. That the courses of training of the various schools should be as nearly uniform as possible, especially in hospitals having the same general character of service.

7. That the affiliation of different schools to obtain a more uniform course of training is entirely practicable and satisfactory.

8. That an optional six months or third year, if in any way considered as replacing a third year of regular training, would be objectionable, for a variety of reasons, and probably very few nurses, if any, would take advantage of it, except those wishing to be trained for special work.

In view of the above conclusions the Committee respectfully submits the following recommendations:

1. That the three years' course be retained in all training schools in the Department of Public Charities which at present have such a course, with the following two provisos: *a.* That there be maintained in each school the full quota of nurses necessary to properly care for the patients, with due allowance to each nurse of sufficient time free from ward work for study, recreation and vacations. *b.* That wherever possible the facilities for the recreation and reasonable comfort of the nurses be

improved, requests for special additional funds for this purpose to be made, if required; that a full staff of instructors be maintained, with an increase if necessary, so that too much work will not devolve upon the individual instructors, and a thorough system of training may be most efficiently maintained.

2. That at all times such additional graduate nurses be employed as may be necessary to provide the full quota of nurses to carry out thoroughly the provisions of the above paragraph.

3. That to make the training as thorough and attractive as practicable the New York City Training School should retain a course of training in emergency service, such as is obtained by affiliation with Gouverneur Hospital, and the Metropolitan Hospital Training School should secure a larger experience for its nurses in emergency service, such as might be obtained by affiliation with the training school of the Cumberland Street Hospital.

4. Although this Committee believes that it would be to the ultimate advantage of the Kings County Hospital Training School to have a three years' course for the general reasons given above, it recommends, in order to obviate the objections to frequent changes in the length of the course of training and in order to afford a good basis for a comparison of the contemporaneous trial of the two courses in somewhat similar institutions, that the two years' course be retained in this training school until such a comparison can be made advantageously. In all other respects, except as to length of course, the recommendations of the Committee apply to the Kings County Hospital Training School.

In conclusion we beg to state our belief that the best remedy for any undesirable conditions that may exist in the municipal training schools is to be sought in other ways than that of shortening the length of the nurses' training from three years. We believe, however, that it is necessary to the ultimate success of a three years' course of training that as far as possible a full staff of nurses should be maintained, by the employment of graduates, if required, to carry out fully such measures as are advisable for the care of the patients and the training of the nurses with a maximum of thoroughness and efficiency, with due regard to the provision of every facility for the recreation and reasonable comfort of the nurses.

HOMER FOLKS, President.

ALEXANDER C. PROUDFIT, Chairman,

Special Committee on Nursing.

BRIEF EXTRACTS OF THE MOST IMPORTANT PARTS OF THE REPORT OF THE
SECRETARY THAT ARE NOT EMBODIED IN THE PRECEDING LETTER
TO THE DEPARTMENT OF PUBLIC CHARITIES

A BRIEF STATEMENT OF THE NUMBER OF SUPERINTENDENTS OF GENERAL
SCHOOLS OR HOSPITALS FOR OR AGAINST THE THREE YEARS' COURSE

3-YEAR SCHOOLS.—“The replies from the ninety-one superintendents of general hospitals or of training schools connected with such hospitals, having three years' courses of training for nurses (which constitute a large majority of the total of the replies that were received) are overwhelmingly in favor of the three years' course as compared with the two years' course. Only six, or seven and four-tenths per cent of the eighty-one that reply definitely, state any objections to the three years' course under their present conditions, and only one is in favor of a two years' course. One is inclined to favor a two and one-half years' course. The reasons given are analyzed more fully in the body of the report.

2-YEAR SCHOOLS.—“Of the general schools or hospitals having two years' courses six are in favor of the two years' course without qualification. Eight are in favor of it under their present conditions, their replies being somewhat doubtful as to other conditions (such as being in a larger hospital) or else implying that they would favor the three years' course under such conditions. Two state definitely that they would prefer three years if they had a larger hospital or a better service, and two that they would prefer the three years' course under their present conditions.

RELATIVE VALUE OF OPINIONS.—“In comparing the different replies it should be borne in mind that the great majority of the three-year general schools, seventy-two out of eighty-nine (two do not answer) changed the length of their courses from two to three years and, therefore, have had actual experience with both courses, while none of the two-year general schools have had a three years' course. Moreover, the three-year schools, besides having the weight of numbers to strengthen the opinions of their officials (there are ninety-one three-year general schools as compared to eighteen two-year schools), are well distributed among hospitals of all sizes, and all degrees of acuteness of service, while the majority of the two-year schools (eleven out of eighteen) are in hospitals having fifty or less than fifty beds.

2½-YEAR SCHOOLS.—“Of the seven having a two and one-half years' course, one is in favor of two years 'for an intelligent young woman'—'properly taught.' Three favor a three years' course if the

hospital is sufficiently large, and has a good service. The remaining three favor a two and one-half years' course, one, however, saying that the three years' course would be an advantage to the hospital. The superintendent of the only hospital of this class whose training school has shortened its course from three years is in favor of a three years' course."

NUMBER OF THOSE THAT ACTUALLY EXPERIENCE DIFFICULTY IN SECURING PUPIL NURSES

"As to the actual difficulty experienced in securing candidates (regardless of their desirability) the facts are as follows: Of the general schools having a two years' course, from whom definite replies were received, thirty-one per cent. have difficulty, of the two and one-half year schools of the same class forty-three per cent. have difficulty, of the three-year schools, forty-five per cent."

RESOLUTIONS OF TWO ORGANIZATIONS OF NURSES

The following is a resolution adopted by the American Society of Superintendents of Training Schools for Nurses at their last annual meeting in Philadelphia:

"That this Society emphatically endorses the three years' course for student nurses and does protest against the movement to reduce the term to two years."

The following is an extract from a letter of the editor of *THE AMERICAN JOURNAL OF NURSING*:

"At the tenth annual convention of the Nurses' Associated Alumnae, held at Richmond, owing to the great pressure of business on the last day, a formal discussion of the subject of the return to the two years' course, which had been planned for, was crowded out.

"After the adjournment of the convention, when this was realized, such great dissatisfaction was felt that the members were called together, on the deck of the steamer, *en route* to the Jamestown Exposition, and the following motion was proposed and was unanimously and enthusiastically passed:

"'We heartily endorse the three years' course, with shorter hours, and disapprove the return to the two years' course.'

"While this resolution was not a part of the official proceedings of the convention, the official delegates were practically all present, and the resolution represents the opinion of these representative women of the whole country, from the Atlantic to the Pacific."

TABLE FROM 1905 REPORT OF U. S. COMMISSIONER OF EDUCATION

Year.	Schools.	Capacity of Hospitals (beds).*	Pupil Nurses.	Graduates.
1905.....	862	145,506	19,824	5,795
1900.....	432	84,227	11,164	3,456
1895.....	131	.....	3,985	1,498
1890.....	35	.....	1,552	471
1885.....	34	.....	793	218
1880.....	15	.....	323	157

“One of the interesting deductions from the above table is that for all of the training schools included in the table the number of hospital beds under their care averaged 7.54 for each pupil nurse in 1900 and 7.34 in 1905. The increase in number of pupil nurses does not appear to have been materially affected, if at all, by the general lengthening of the course from two years to three.”

ALMSHOUSE NURSING

By L. L. DOCK

No one who was at the Richmond meeting last June will have forgotten the stirring appeal made by the Rev. Caroline Bartlett Crane for the introduction of skilled nursing into the almshouses of the country, nor the impressive paper read by Mrs. Lupinski in which she related what Michigan had done.

There was a committee appointed, as all will remember, to take up this much-needed reform. As chairman of this committee, I have had to excuse delay in taking up this work on the grounds of a belated return from France. Now, however, having had time to communicate with all my committee, and with the presidents of state societies, I beg the JOURNAL to let me use its pages that an outline of the proposed work may reach its many readers at one moment with an extensiveness not possible to attain by the slow method of correspondence. As the body of women whom Mrs. Crane hopes to interest in the almshouses and with whom we are prepared to work in coöperation—the National Federation of Women’s Clubs—does not meet until June of this year (1908) we have time to think and plan the best preliminary steps to take. Conjecturing, as I think we reasonably may, that if they take up the line of work proposed by Mrs. Crane, they will do so on state lines, we have thought it well to begin by asking for a committee to be

* In hospitals for the insane, epileptic and feeble-minded the number of inmates is used.

appointed by each state association of nurses, which shall be ready to confer with any committees or delegates that may be appointed in the future by the club women. Responses to this request are coming in very well; some state societies are appointing special committees for this purpose; others designate their executive committees. The next important thing is to collect data concerning almshouse nursing, which shall be ready to supply the information needed when the time comes for action.

I have already suggested the value of such data in correspondence with state presidents and have inquired whether they can make investigations on such lines.

An extract from a letter from Mrs. Crane will give a clear idea of the lines on which such inquiries should be made; as follows:

The chief thing we did at our committee meeting was, to resolve to make a canvas, on a certain day to be named, of every almshouse in the State of Michigan, to determine how many bed-ridden or helpless people are there; people needing the services of a nurse. We will also take a census of all insane, feeble-minded, epileptic, children, and others who should not be in the almshouse, and whose presence there blinds people's eyes to the fact that the proper needs of the aged and infirm are sacrificed to these other classes for whom other provision should be made by the state. For example, in Michigan, the "waiting list" at the school for the feeble-minded is larger than the entire number in the school. Our state makes no other provision for crippled children, either. Our insane asylums are crowded with cases of senile dementia, which used to be cared for in their homes, with the result that many indigent insane are immured in the poorhouses. The nurses are a year ahead of us, and will be in a fine position to take the initiative in the several states. If you think the nurses would be willing to undertake this almshouse census, I would be extremely glad to have them do so. I would send to you, for suggestion and amendment, the proposed blanks, and would be only too happy to go ahead with that under the auspices of the nurses, wherever the state associations will consent to undertake it.

This suggestion of Mrs. Crane's was also forecast by our JOURNAL, which, in an editorial made the same proposal, rightly adding that visits of inquiry and investigation could be made anywhere at any time by interested women of our profession without waiting for letters from a committee. Our committee, however, now appeals directly to the nurses of our states who are in a position to collect information on these lines in or near their own homes to send in their names to their State President, and also to me. I will forward them the blanks which Mrs. Crane will give me, which will facilitate their work and make tabulation easier. It will easily be seen, that, with the absorption of the great mass of nurses in their work, and the difficulty of finding those who have

leisure, it might take a year for the presidents of state societies to get a staff in line for such work, unless volunteers come forward.

It seems to me that precisely this kind of service is possible for our married members, of whom we must have hundreds all over the country. Many are married to physicians, and we should be able to look to them for the lion's share of this preliminary inquiry.

I hope, also that every state society will consider this projected and really vast undertaking at its next meeting, for it will require the coöperation of all to be pushed through. Those states especially which have gained their legislation may have opportunity to devote considerable time to ways and means—should begin by re-reading Mrs. Crane's and Mrs. Lupinski's articles, and then work at systematizing data regarding almshouses in their states.

Work of this nature has already been undertaken by nurses—namely our public-spirited and altruistic leaders in Virginia, Miss Cabaniss and her co-workers. Some five years ago they attempted to rescue the sick of the almshouse, and have actually succeeded in placing one graduate nurse there in charge, and have secured good and kind women to work as assistants.

It is also interesting in this connection to note the crusade now being conducted in England by Mrs. Bedford Fenwick and the Matrons Council for skilled nursing in prisons. The spirit of unselfish devotion still lives in our profession, even though the modern spirit of commercialism may not be denied, and if our great and wide-spread associations determine to champion the cause of the almshouse and prison patients, in coöperation with that tremendous army of club women, potent for good, we may all feel sure that it is possible to do for them just what has been done for the hospitals.

AMUSING INCIDENTS OF A SCHOOL NURSE

By S. W. N.

Philadelphia.

To the nurse and doctor alike in their drama-like careers, it is the interspersing of the comedy and amusing incidents, that prevent the continuous watching of others suffer, from playing on their nerves. It acts as a check valve against monotony. A few small tales in the life of a school nurse, may prove interesting and instructive.

The following amusing incident shows the strategy of the nurse, in curing a bad case of uncleanness. There was a boy in one of the

lower grades, who persistently came to school dirty, even though on several occasions he was sent home with a note to his parents, requesting their attention to his condition. It met with no response, so the nurse had the boy meet her at the end of the session. She accompanied him to his home, and scolded the mother for her neglect. She then proceeded to give the child the much needed bath as an instruction to the parent. The mother seemed delighted to watch the nurse give her boy such a thorough cleaning, that was going to relieve her of the job of a similar operation for the next six months. When the nurse finished, she compelled the mother to pay her ten cents for carfare, the usual charge of a visiting nurse. The parent reluctantly paid the fee, and upbraided the child for not keeping clean. The fear of another visit from the nurse, with an outlay of ten cents, has caused the parent to keep a careful watch on the child's cleanliness ever since.

Another child who was extremely dirty was taken home by the nurse, and the mother was asked to show how she washed him, as she insisted that she bathed him every morning. She vanished from the room and returned in a few moments with a teacupful of water. She drew the child close to her, and proceeded with her so-called daily bath. After placing her hand in the teacup, she rubbed it wet over the child's face, and proudly proclaimed to the nurse, "and I do it every day." The nurse's mention of a bath tub, wash rag, etc., was a revelation.

In contrast to this conservative mother was a strenuous Italian woman who, when informed that her child needed a bath, unceremoniously pulled off the boy's dirty sweater, and carried him to the hydrant in the alley. She then held the frightened lad under the full force of the stream, and ran a whole new bar of soap, grasped firmly in the other hand, up and down the child's back. The picture put to shame the famous advertisement of a certain soap, "You Dirty Boy!" Her method would have been effective, had she not dried him with the end of her dirty skirt.

It is surprising how children become attached to a nurse, and are anxious to be sent to her for treatment. They will come to her on the slightest pretence of an ailment, and sometimes these excuses are amusing. One child said her mother had a headache. Another claimed he fell out of bed and wanted some medicine to prevent such occurrences. Questions are asked such as "Mother wants something to cure baby's toothache." A number of children beg permission from their teachers to be sent to the nurse, and examination proves a scratch that would require the use of a magnifying glass to detect. The appreciation from these youthful patients is sometimes impressing and gratifying, and is



A child's force of habit on examination of the throat.

often shared by the parents. A child who suffered for a long time from a bad eczema, and who was cured by the attentions of the nurse, presented her with a small ivory locket crudely carved by his father. Letters of thanks and gratitude from parents are numerous. The combination of spelling which would be approved by the "Revised Spelling Commission" and a disregard for grammar, make some interesting and pathetic reading. The following is a sample:

Der nurs:—I lov yu becos yu mak well mi Mary. It is gud that de schul has such a gud womin to luk after de childen, my usbend tanks yu to. God bless yu.

MRS. ——— ———.

Small trinkets and gifts at Christmas are numerous. I was never more impressed by the appreciation shown by these children, than on a visit to Baltimore. The nurse, whose birthday was on that day, was the recipient of flowers, potted plants, and small gifts from many of the children who felt her gentle kindness in moments of need. To them she is truly the "Visiting Angel of the School."

Possibly many doctors and nurses have noticed that whenever a child is asked to put out its tongue to have its throat examined, he involuntarily at the same time stretches both arms away from his sides, and widely separates his fingers.

Two Russian boys, brothers, were sent to the visiting physician, with a note from the teacher, stating that these children must be near-sighted as they see nothing on the blackboards, and only gaze wildly at the books. The boys were placed fifteen feet from a test card of letters, and were asked to read. Their reading, in badly broken English, and the naming of any letter that came foremost in the mind, showed they were guessing. On questioning them, they said they had been only three months in this country, and as yet knew no English. A test card of Jewish letters was substituted for the English one, and with grace and ease the proud youngsters read the smallest type. A letter was sent to their teacher, stating that the boys were unacquainted with the English language, but if given three more months, would head their class.

A child of the second grade was being examined for its vision, before a test card. He apparently had defective eyesight or did not know the letters. "Don't you know you ABCs?" was asked by the physician. "No." "How long have you been in school?" "Three years." "Three years in school, and don't know your letters?" "No, and you come to the school every day and don't know how many steps you climb."

While we agree that the poor will always be among us, the school nurse will not agree with one of the mothers who tried to impress her that vermin is a necessary neighbor. The nurse sent for the mother of a child with an unclean head that was receiving no attention. The mother asked the reason for sending for her, and when informed her child had vermin in her hair, answered: "Is that why you sent for me? that is nothing, every one has some of them."

That both the doctor and the nurse must be most explicit and plain in their instructions to a patient or the attendant is shown by the following incident. A visiting nurse was informed by a mother that the doctor had ordered suppositories for her baby, one to be inserted into the rectum every two hours, but the things did not melt as the doctor said they would. The nurse asked to see the suppositories and to be shown how the mother inserted them. She found that the druggist had dispensed them in small glass vials to keep them from melting, and the parent had inserted vial and all. Fortunately only four hours had elapsed, and the physician had only two vials to extract.

RED CROSS WORK

THE annual meeting of the Connecticut Branch of the American National Red Cross was held at Hartford, Connecticut, on November 18. The treasurer reported that thirty-four hundred and eighty-seven dollars and ninety-four cents had been received, and that twenty-eight hundred and fourteen dollars and thirty-six cents had been expended, either in relief work or as contributions to the Central Red Cross treasury, with the exception of a small amount needed for administration expense.

Five graduate, registered nurses had been added to the enrollment during the year, making a total enrollment for the state of fifteen. Each nurse is furnished by the National Society with a handsome badge on which her name and national number are engraved, and, when accidents occur, these badges will doubtless be of service to the wearers, guaranteeing their official position, compelling recognition, and making it possible for them to give competent first aid to the injured.

The report illustrates the importance of these badges with one or two instances. One was that of a Red Cross nurse who went to the scene of a trolley accident and, having no badge, was not allowed to go to work until she was, by chance, recognized by one of the physicians. A member of the state board of examination and registration of nurses says that the Red Cross badge is the best letter of introduction which a

nurse could carry, as it gives her prestige in all parts of the world and is so well protected by the laws of the Red Cross that it can hardly be worn fraudulently, which cannot be said of training school badges.

Mrs. Sarah T. Kinney, secretary of the society, encouraged the enrollment of nurses in the Red Cross and also of doctors, which, she said, had not been particularly successful up to the present time. Nevertheless, there has been an eagerness on the part of nurses and doctors of a certain sort to secure the right to use the name of the Red Cross. The secretary said that two young women had applied to her to be enrolled as Red Cross nurses. On inquiry it was learned that they had never had any professional training but had taken up the practice as a sort of makeshift and hoped that, by enlisting in the society, they would be sent to good posts in interesting countries, such as Cuba or China, with big pay from the association treasury.

Mrs. Kinney related, in amusing fashion, the efforts of a certain foreigner who wished to be enrolled as a doctor in the Connecticut branch and pretended to be a graduate of a medical school in good and regular standing. This man was already an ordinary member of the New York Red Cross and asked recognition as a Red Cross doctor in this state, with the right to wear the brassard and insignia. The secretary informed him that he could not do this but that he could have his name on the lists as a simple member, that if he wished to enroll on the list of doctors he must name the school from which he was graduated and the names of two reputable physicians who could vouch for his personal and professional standing. No answer was received. Later, he tried, by several subterfuges, such as changing his name and applying from another town, to obtain recognition as a Red Cross doctor, but was again refused, and in a decisive manner.

RED CROSS WORK IN NEW YORK STATE

THE medical committee of the New York State Branch of the Red Cross voted on January 7th in favor of concentrating its energies in the antituberculosis campaign upon day camp sanatoria.

One of the strong recommendations of these camps is their comparative inexpensiveness both to equip and to maintain. The New York Day Camp cost thirty-four cents a day for a patient.

The camp requires very little land. The materials needed include a cooking stove for the one meal a day, shacks or tents, reclining chairs, and an office for the doctor and nurse. There is probably not a community in the state which does not need such an institution and whose tuberculosis problem would not be simplified by its establishment.

NURSING IN MISSION STATIONS

WORK IN KOREA

By ESTHER L. SHIELDS

Severance Hospital, Seoul, Korea. Graduate of the Philadelphia Training School

SEVERANCE HOSPITAL is located on an elevation outside South Gate, Seoul, Korea, and this fall we begin our fourth year of work in this building. The compact, substantial brick edifice, two stories high, and accommodating forty patients, is the gift of Mr. Louis Severance, Cleveland, Ohio, to the American Presbyterian Board of Missions, and is the home of the hospital called "Cha Joong Won," in which the first American missionary to Korea, Dr. H. N. Allen, began the practice of medicine and surgery according to Western rules. The work has been kept up by doctors sent out by the Mission Board, Dr. O. R. Avison and Dr. J. W. Hirst being here now. Dr. Avison came in 1893, and is expecting to graduate a class of medical students next June. Since Dr. Hirst's coming in 1904, and taking a great deal of the care of the sick off Dr. Avison's hands, the latter has been able to prepare and have mimeographed a number of text-books, without which he had before been much hampered in teaching the students. Now a lesson is prepared, studied with the class, corrected, and one hundred copies made, each student adding the new pages to his book; so he should, by the time the book is finished, know very well what is in it. Miss Anna P. Jacobson, born in Norway, but a graduate of a training school in Portland, Maine, was the nurse sent here in 1895, and her year and a half in Korea made a deep impression upon those who knew her. She was ill for several months, dysentery, malaria, and finally abscess of the liver resulting fatally. The Mission Board was asked to send a nurse in Miss Jacobson's stead and I reached Seoul in the fall of '97 in answer to that call. Even nurses, however, were required to study the language, so the first year had practically no hospital responsibilities for me, but in October, 1898, Dr. Eva Field and I moved to the hospital compound and began our work there. Two of the older girls from our mission school came to help with the nursing, and we thought we were organizing our training school for nurses, but only about a year passed until one of the young women married, and the other went to a northern city, where she has very efficiently assisted her sister, a physician, in hospital and in other Christian work. So it was only in the autumn of 1906 that the training

school work was fairly organized and it is known as the "Severance Hospital Training School for Nurses." The medical department is called the "Severance Hospital Medical School."

The regulations for the training school are as follows:

"The work of this school shall be especially directed to fit Christian Korean women for the duties of nurses.

The pupils should be young, studious, and ambitious, and apt in learning and using the methods of the school.

The applicant should be not less than twenty years, or more than thirty. Women with husbands living cannot be admitted, except in special cases, to be decided by the Superintendent.

The probation period shall not be less than two months, and only after preliminary examinations are passed may the probationer be received as a pupil nurse. She must be able to read and write Emnoun (the Korean written character), to read and write the English alphabet and Roman numerals, and to understand arithmetic through simple fractions. A preparatory course in these subjects will be given during the period of probation to those who need it.

A three-years' course of work and study under direction of the hospital staff shall be required, aside from the period of probation; should the pupil not cover the course and pass the examination at the end of the three years, she may, other conditions being satisfactory, have her time extended at the discretion of the authorities.

If the examinations are successfully passed at the close of the three-years' course, and if her conduct has been satisfactory, the pupil shall receive her diploma, and be enrolled as a graduate nurse.

While the nurses are members of the training school, they will be provided with their uniforms, bedding and food. They must supply their own clocks or watches and thermometers, and pay for hospital property which they carelessly break, lose or destroy."

Our curriculum isn't all written out, and we have to "make haste slowly" in getting all our plans into working order, and in doing our work ideally. We *will* set *that mark* before us.

At present I have four nurses and one probationer, young Korean women. All have been married. The husbands of two died, and some of the complications in Eastern domestic life have released the other two for this service.

We are very much encouraged, now, with the progress that has been made, for none of these pupils has been here more than a year, several of them less. They might have been "much more wise" if we had been able to carry out their instruction more systematically. We

were all, last year, as a training school, pioneering and experimenting. We have had no lack of actual work and variety in our hospital wards, and the pupil nurses have necessarily done much more responsible work than would have been permitted in a long established hospital—until they had been longer in training.

To Miss Margaret Edmunds, of the Methodist Episcopal Hospital, Seoul, belongs the honor of having actually established the first training school for Korean young women, and one of her senior nurses is now taking some weeks of work in our operating room and surgical wards—besides occasionally doing other important nursing. We long for the time to come when we shall have a nice home for the nurses, when we shall have twelve or sixteen pupils in this training school, and when we shall have another graduate American or English nurse to share the privileges and responsibilities.

When I was sent out, ten years ago, the hospital work was carried on in a set of Korean buildings where the first foreign medical work was done. I remember that the first operation done in the old dispensary shocked me, after the instruction I had received regarding surgical cleanliness and the emphasis laid upon the dreadful germs at home.

The most helpful AMERICAN JOURNAL OF NURSING is full of what we nurses need to be taught and reminded of, and I find many suggestions which are usable right here.

A friend kindly gave me a number of copies—"back numbers," but so interesting; and I am from various sources, and personal experiences, in recognition of the needs here, having notes translated and written for a "Portfolio" for my Korean nurses.

Mrs. Robb's remarks quoted about nurses giving other women and girls health talks appealed to me very much.

One of the most interesting experiences I have had in Korea was an evening when I gave a talk to probably two hundred Korean women about the care of children. For two years I visited country churches, and held classes with the women, and, following the example of others, talks on hygiene, and the reading together of a little book for mothers were a part of the regular program.

Many of the Koreans are very desirous of learning better methods in home-keeping, and the efforts made by thousands of them are proofs of their desire for progress. We feel that it is a privilege to be here working with and for these people, and that they are as capable of doing good work as any people, when they but secure the preliminary training. Some who have had educational advantages in Europe or America have returned splendidly equipped for service.

On August 1, 1907, there was in Seoul a battle between Korean and Japanese soldiers, because the Korean soldiers refused to quietly disarm and vacate the barracks as ordered by the Japanese. The Koreans began firing about eight-thirty A.M. and the battle lasted until noon. Bullets whizzed in all directions, but chiefly toward the South Gate, which is a very short distance from our hospital. A single bomb in the barracks was fired when it could do the greatest damage. Before the firing ceased, Dr. Avison and a company of voluntary helpers wearing improvised red crosses went to the barracks, were admitted, and at once began to give "first aid" and to prepare for transferring those to the hospital who could be moved. I was away on my vacation, so had no part in the day.

Miss Edmunds and two of her nurses and other foreign and Korean friends came in to help. Twenty-seven of the wounded soldiers were brought to the hospital, on carts, and others who had been hurt were also sent in, adding forty-two cases to our wards. There were not enough beds; so the floors were utilized until the cases were taken to the operating room, where two tables were used, the Korean senior students ably assisting Dr. Avison, or doing their own surgery, and the Korean as well as one American and one English nurses and other helpers did good work. The Korean nurses in their neat uniforms quite surprised some of the observers, who expressed appreciation of the capability of both nurses and students in the emergency. Dr. Hirst came home that night in time to do several important operations.

For seven or eight days the wounded were cared for here, when both the soldiers here and those who had been taken to the Japanese Hospital were transferred to a temporary Korean Hospital. New Testaments and other books were supplied by the Tract societies, and evangelistic work was carried on among the men, most or all of whom listened intently, and eagerly read the books. They left with regret, one man saying to Miss Edmunds: "Mother, please keep me here." Others, too, had expressed their wish not to be moved, asking to go to a Christian Hospital, willing to go even to a Woman's Hospital.

The doctor and some of the students went to visit the men some days later, and found them in comfortable quarters. I think all were discharged when well enough to go to their homes.

A letter from Miss Charlotte F. Grant, of Aintab, Turkey in Asia, says: I am very glad the JOURNAL is taking up Foreign Mission work; it is very cheering to those who are in far away places to hear of the experiences of others and of the way they meet and overcome difficulties.

I wonder if any one can give us a little light on the subject of drainage and how to dispose of sewage where there is no public system of drainage. We have about two acres of land which is chiefly a white soft limestone, very absorbent. Water is one of our luxuries and does not run to waste. The sun and air do a great deal for us as germicides. The work here in Turkey is most fascinating and the opportunities great, not only for one's self, but in fitting the native women for the needs of the country.

A JOURNAL reader in Massachusetts offers to send her JOURNAL each month to any missionary nurse who cannot afford to subscribe for it. She has also a number of full year's numbers which she would send to any mission hospital or training school. Her address will be given to anyone wishing to accept this kind offer.

THE BRITISH JOURNAL OF NURSING AND THE BRITISH NURSING PRESS *

By MARY BURR

IF there were any question of the vitality of the profession of nursing, or of the progress which it has made in the past quarter of a century, I would just state this one fact. Twenty years ago there was not one professional association of nurses in the world, and not a single journal in the press solely devoted to their interests, and now there are few civilized countries where trained nurses are not associated for professional purposes, and where they do not own and control a professional organ. The subject, therefore, of the History of the Professional Nursing Press is one of such enormous importance to nurses that its place in the program of this great International Conference requires no excuse.

Order—Organization—Unity—by them alone is it possible for a class of workers to succeed, to be strong, to have liberty of speech and conscience to live decently, and withstand the almost overwhelming pressure of industrial conditions, which in the furious competition for abnormal wealth, grinds the individual to powder.

Order, organization, unity one must have. Yet none of these things are possible to the inarticulate. The vocal chords of the world are all

* Read at the International Council of Nurses, Paris, 1907.

too weak to give effective expression to human demands, to touch the world's tympanum, and reach the conscience of humanity.

But listen to the never ceasing clang of the modern printing press, and who can fail to realize that it will resound to the furthestmost ends of the earth. Those of you, therefore, who have a message to send will be wise to pick up the latest self-filling "stylo," put pen to paper, and with what force is in you boom it forth in black and white.

Organization minus articulation is impossible. It is with a certain amount of modest pride, therefore, that English nurses can prove that they were the first to realize this law, and to obey it.

In the few minutes at my disposal in which to relate, "The History of the British Journal of Nursing," I must compress one of the most striking stories of journalism to very modest dimensions.

It was in the year 1887 that the first awakening of the professional spirit in the English nursing world was apparent. It was in that year that the first step was taken towards the organization of the nursing profession, by the inauguration of the British Nurses' Association, upon the suggestion of Mrs. Bedford Fenwick, with the coöperation of Miss Isla Stewart and half-a-dozen progressive hospital Matrons. I may remind you that the objects of that Association were defined by its Founders to be "To unite British nurses together in membership of a recognized profession for their mutual support and assistance; to improve their education; to provide for their proper certification and registration; and to enable them to obtain, when thoroughly trained, a just reward for their work."

It is an old story, but one which some day, perhaps, will be fully told, how bitterly opposed the then employers of nurses, the Committees of the large majority of the leading London hospitals, and the private nursing associations were, with a few splendid exceptions to this first attempt to unite nurses together. Pamphlets were written and circulated broadcast, condemning the formation of the British Nurses' Association as "most injurious to the best interest of nurses." The lay editor of the *Hospital* week by week virulently attacked the young Society, and his paper stigmatized those who joined the Association as "the scum of the nursing profession." The Association had no power of replying to these attacks, when, at the most critical moment, in 1888, a firm of publishers determined to issue a nursing journal, and the editor had the wisdom to approach the leaders of the nursing reform movement, and to determine that his paper in future should represent their views. So *The Nursing Record* (now *The British Journal of Nursing*) came into existence. It threw itself into the campaign with immense energy and

pluck. It refuted week by week every argument brought against the Association; it carried the war into the enemy's country, and made such scathing exposures of the motives underlying the opposition that within a few months the pamphlets ceased to be published, and the opposition became a matter of secret influence rather than public abuse. For five years, however, the Association was opposed at every turn, privately and publicly, and it was in no small measure due to the educational effects produced by the articles published in *The Nursing Record*, and to the constant bold advocacy of that journal that the Association was at last able to obtain a Royal Charter, the first body of women in the United Kingdom to obtain that ancient and honorable form of incorporation.

But the victory of the nurses was not yet. The Royal Charter won, the nurses had to face a greater danger. An open enemy is easy to fight, but a false friend cannot be met by honorable persons on equal terms. The betrayal by the officers in power of the principles for which the British Nurses' Association was founded was one of the most cruel acts of injustice to women which has ever been perpetrated but has proved a most useful lesson to the nursing world at large.

At this juncture a strong and steadfast organ in the press was invaluable. *The Nursing Record* remained true to the principles for which the association was founded, and the debt owed by the profession at large to those who guided its policy is incalculable.

The opposition to the professional coöperation of nurses, voiced by the commercial nursing press, concentrated itself very naturally upon its fearless advocate, and the most strenuous efforts were made to ruin the journal. The nurses at many hospitals were strictly forbidden to purchase or read *The Nursing Record* being publicly informed that to do so would be "disloyal to their hospital." Important firms were urged not to advertise in the journal, and the argument was more than once used that they would lose orders from public and charitable institutions if they did so. It is easy, therefore, to understand under what enormous difficulties *The Nursing Record* conducted its work for the nursing profession, and it fully explains the fact that its first proprietors lost so heavily upon it that they sold the journal after some three years to another firm, which after another three years had also lost so much that they proposed to stop the issue of the paper.

At this crisis, realizing the immense work which the journal had accomplished for nurses in the few years of its existence, and how absolutely essential it was to have such an organ in the press, if liberty of conscience for nurses and power to coöperate were to be possible, Dr. and

Mrs. Bedford Fenwick purchased the journal. From what has already been said, it can easily be understood that for some years they carried on the paper at a great financial loss. It must, indeed, have required an extraordinary sense of professional duty, great tenacity of purpose, and untiring work to continue to advocate a cause which for the next succeeding few years met with the bitterest opposition, and with very slowly increasing support. Indeed, from 1894 for some eight years, these conditions continued to exist, and thousands of pounds were spent, not only in fighting registration in England, but in circulating the journal throughout other countries, and arousing public and professional knowledge and interest in the environment, education, and status of nurses.

But those who have the courage to fight for a good cause are confident of ultimate victory, and *The Nursing Record* has had the proud satisfaction of seeing the coöperation of nurses in many countries, followed by useful legislation, and a most beneficent change in public opinion in everything which touches the education and status of trained nurses in England. A Select Committee of the House of Commons has reported in favor of the Registration of Nurses by the State, a weighty pronouncement which has received the almost unanimous support of the British Medical Association. It has also watched with keen gratification the growth of the professional nursing press in the United States, the great British Colonies, and in several European countries.

The natural result of a constantly increasing circulation at home and abroad, and an increasing circle of advertisers, having at last rendered *The British Journal of Nursing* first self-supporting, and then a paying property, and the great cause, the Organization and Registration of the Nursing Profession having come within sight of success, the most important step in its history was last year taken by the proprietors.

A proprietary journal had never been Mrs. Fenwick's ideal for the organ of British Nurses, and in 1906 "The Nursing Press, Ltd.," was formed, through the medium of which shares in the journal were offered to nurses in sympathy with its policy. By this means it is possible that it should gradually be acquired by the nurses of the United Kingdom as their own property, and thus belong to them in perpetuity. It is to be hoped that future generations of nurses will appreciate the immense sacrifices by which their journal has been preserved to them.

THE BRITISH NURSING PRESS

For many years *The British Journal of Nursing* was the only journal in the United Kingdom edited by a professional nurse, and it remains to this day the only weekly organ trained nurses have in the press.

But the foundation of the Leagues of Nurses in England has given a great stimulus to nursing literature. Quite a number of these societies now issue magazines which are admirably written, edited, and printed. We have *League News*, the journal of St. Bartholomew's Hospital Nurses, *St. John's House News*, and the *League Journals* of the Chelsea Infirmary Nurses, the Leicester Infirmary Nurses, the General Hospital Birmingham Nurses, the Kingston Infirmary Nurses, the Royal South Hants Hospital Nurses, and the Parish of Nottingham Nurses. The *Queen's Nurses Magazine*, the organ of the Nurses of the Queen Victoria's Jubilee Institute, is an attractive and excellent magazine, and the last addition to our professional journals, *The Irish Trained Nurse and Hospital Review*, in its first issue announced that it was edited, owned, and published by nurses for nurses.

THE MORAL

The lessons, then, which the history of the *British Journal of Nursing*—briefly and imperfectly as I have sketched it—appear to me to teach, are surely of the highest interest and importance to the nursing profession. It proves the immense value of a weekly journal, voicing the opinions, the rightful aspirations, the just demands, the expert judgments of a great body of professional women; it shows how powerless nurses would have been in the past, and would be in the future, if they did not possess such a journal; and it emphasizes the far-sightedness and wisdom which has afforded the nurses of the future the opportunity of acquiring an established property which will, I hope, for all future time, stand as it has stood, for justice and self-government for trained nurses, so that they may develop their noble work for the health and happiness of humanity.



SANITARY science may well be proud of her achievements. Epidemics which used to be so fatal and so widespread are now known only by tradition. The problems of supplying food and pure water and of removing waste are being met on a prodigious scale. Municipal authorities are insisting on wholesome milk and are penalizing culprits in this regard. The spread of tuberculosis is being markedly checked by means of the registration of cases which health departments require. Tenement house departments are bringing about reforms which are humanitarian in the loftiest sense of the term.—*Journal American Medical Association*.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

ADMINISTRATION OF CHLOROFORM.—*The Medical Record* says: In the *Münchener Medizinische Wochenschrift* a suggestion in regard to the use of this anesthetic is made by Haun. He has found that simply warming the bottle from which the agent is being dropped by setting it in water kept at about 100° F. greatly facilitates the induction of narcosis and diminishes the amount of the drug required. The patients also recover consciousness more quickly and suffer less from the ordinary after-effects. This he explains on the assumption that cold chloroform vapor is to a large extent deposited in the nasal and upper air passages without ever reaching the alveoli or being absorbed from these. Instead it is very gradually taken up, often even after the operation is completed, and serves to produce many of the disagreeable sequelæ so frequently observed. The warm vapor, on the other hand, can penetrate readily to the deeper parts of the lung and practically all of it reaches the blood promptly and effectively. This suggestion is hardly new, but is not generally followed, although so simply carried out.

THE EMPLOYMENT OF RADIUM IN DERMATOLOGY.—*The New York Medical Journal* has the following: Wickham and Degrais (Proceedings of French Medical Congress, in *La Clinique*, in treating cases of tuberculosis of the skin with radium, succeeded, by commencing with short exposures and gradually prolonging them to seven or ten hours, in obtaining smooth, soft cicatrices in cases of tuberculosis of the skin, in cancrroid of the skin, vascular nævus, and in a pulsatile tumor of the forehead in an infant six months old. Photographs were also presented in support of the value of radium in practice of dermatology.

TAPE MEASURE FOR ACCURATE MEASUREMENT OF CIRCUMFERENCES.—*The New York Medical Journal*, quoting from a German contemporary, says: Wahl has adjusted a catch through which the tape

measure passes and is then placed about the limb the circumference of which it is desired to accurately determine. The tape is drawn firmly about the limb and the catch marks the measurement.

CANCER.—*The Practitioner* says: Copeman, of London, in his Guthrie lecture, reviews some of the recent research work in cancer. His conclusions are as follows:

1. That cancer is to some extent preventable.
 2. That cancer is not, in the ordinary sense, an infection, there being no evidence that its onset and continued growth is due to any recognizable microörganism.
 3. That cancer constitutes the local manifestation of perverted body metabolism, an indication of which is afforded by the failure of the normal HCI secreting function in the mucous membrane of the stomach.
 4. That temporary amelioration of symptoms, with or without obvious retardation of growth, has been obtained in a certain number of instances, as the result of treatment of one and another kind; but
 5. That in the present state of our knowledge early and complete operative measures, where possible, afford the only satisfactory method of treatment at our command.
 6. That, nevertheless, cancer occasionally disappears spontaneously, the tumor ceasing to grow and eventually becoming absorbed.
 7. That, consequently, there is reasonable hope that continued investigation and research may afford accurate knowledge of the conditions favorable to such spontaneous cure, and further that the indications thus afforded may eventuate in the discovery of a method of treatment specific for this disease.
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SUBCUTANEOUS INJECTIONS OF AIR AS A MEANS OF RELIEVING CERTAIN PAINFUL MANIFESTATIONS.—*The Medical Record*, in a synopsis of an article in *The British Medical Journal*, says: A. S. Gubb's experience is based on seventy-seven cases of sciatica and several cases of neuritis of the brachial plexus. The summarized histories are given of nine cases of sciatica. In nearly all of them excellent results were obtained. The pumping apparatus consists of the double-bulb arrangement familiar in the Paquelin cautery. Its capacity should be known. The air is pumped through a glass bulb containing sterilized cotton, and enters the tissues through an irido platinum needle carefully sterilized. The skin over the painful area having been sterilized, the needle

is inserted through the skin, and as soon as it is evident that no vessel has been punctured, the insufflation is commenced. A rounded swelling forms around the seat of puncture, and when the air reaches a vascular or nervous sheath it rapidly spreads along it, and secondary swellings may form at a distance. These secondary ramifications are specially apt to form in the limbs, where the sheaths are more numerous. The skin at first becomes blanched, but this soon gives place to a pronounced redness, which persists for some hours. The air takes several days to undergo complete absorption, and under the influence of muscular contraction travels far and wide, so that the characteristic crepitation of "surgical emphysema" may be felt at spots distant from the seat of the original injection. No pain whatever is experienced, even when comparatively large quantities of air are injected, at most a sensation of distention, "pins and needles," or pin pricks. Cutaneous sensibility is at once diminished, the skin becoming more or less numb. The needle having been withdrawn and the puncture sealed by a drop of collodion, the next step is to massage the part. The subcutaneous air must be alternately dispersed and brought together again, especially over the painful spots. This massage is an indispensable part of the procedure, and must be conscientiously carried out; indeed, patients should be directed to repeat the process daily as long as any resonance remains. It is believed that the foregoing procedure causes elongation of the finer nerve ramifications, where they leave the subcutaneous tissues to enter the derma proper.

WILL RADIUM CURE CANCER?—A. C. Haven reports in *The Journal of the American Medical Association*, a case of recurrent cancer of the scar tissue after hysterectomy treated with success by the introduction of a small tube of bromin of radium into the vagina where it was retained by a tampon and left over night, being removed in the morning. For the first six months of this treatment the results were discouraging; the disease progressed and extended, causing great pain, the inguinal glands enlarged, there was great weakness and mental depression and the disease culminated finally in a terrific hemorrhage. After this had been controlled and the bleeding granulating tissue curetted away, a change set in for the better, at first slow, but surely continuous, marked by less pain, less need of morphine, and fewer hemorrhages. The enlarged glands became smaller, weakness and depression disappeared, and healthy scar tissue replaced the cancerous granulations. At the end of six months no trace of the original disease remained, and the patient was to all appearance well. The vagina had contracted so that the little

finger was introduced with difficulty. Later in the year a hard swelling appeared in the rectovaginal septum, which, when opened, discharged a grumous, sanguineous substance, analysis of which was negative. This recurred several times the next year, but finally completely healed. Now, two years and a half after the hysterectomy, the patient is apparently strong and well. Haven thinks that there can be no possible doubt as to the nature of the growth; it was pronounced cancer by competent pathologists. He thinks that the method of using the radium and the persistence in the treatment under discouraging conditions very probably had their influence in bringing about the apparent favorable result, and that failure in other cases may have been due to discarding the remedy too early.

PRACTICAL SUGGESTIONS FOR THE LIMITATION OF PUERPURAL INFECTION.—*The Annals of Gynecology*, quoting from a contemporary, has the following: Dr. James E. Davis says that statistics concerning puerpural infection are said not to present the actual facts, which are really worse than supposed, some estimates being that from 10 to 15 per cent of the deaths occurring in women during the period of sexual activity were due to "child-bed fever." The routine use of gloves is one of the most important considerations in preventing infection. It is with the genitalia of some patients as with the hands of some practitioners—the personal equation is almost insurmountable. There is no nursing of either the professional or non-professional type, that so inadequately copes with serious responsibilities as does that of obstetrics.

BICHLORIDE TABLETS.—Dr. F. D. Canfield, of Ingersoll, Ontario, Canada, observed that a number of valuable instruments in his instrument cabinet were becoming rusted beyond use or repair, especially those nearest a glass bottle with a cork stopper containing the usual bichloride tablets. The bottle was tightly corked. Upon removing the bottle from the cabinet the process of rusting at once stopped. These tablets had been there some months. It would be interesting to find out, writes Dr. Canfield, to what extent do bichloride tablets deteriorate with age. And, says the author, may not the use of old tablets explain how some surgical wounds have late infections, as described in the article Microscopic Traumatic Gangrene, in *The New York Medical Journal*.

EPITHELIOMA AND X-RAYS.—*The New York Medical* in an abstract of a paper in *The Lancet* says: Schiff's conclusions are as follows: 1.

The favorable effect of Röntgen rays on epithelioma is indisputable. 2. But Röntgen ray treatment must not be considered in a category by itself, but must be looked on as an alternative or as an addition to other methods. 3. The success of the Röntgen ray treatment depends upon biological differences in the various kinds of epithelioma. 4. To aid the effect produced by the Röntgen ray treatment small operations may be done and the cautery applied according to the nature of the case. 5. In those cases in which no favorable influence is produced by the Röntgen rays at the latest after the fourth or fifth sitting, this treatment must be discontinued, as little more is to be expected from it. 6. The intervals between the single sittings must not be too long; a more active Röntgen light—medium, soft tube—with, of course, a careful covering of the healthy parts of the skin, is to be continued. 7. In the case of surgical operations a subsequent application of rays is eventually desirable. 8. It is of especial importance to lay stress on the fact that by the application of Röntgen rays the patient is saved from an operation, and the result produced by Röntgen ray treatment is not only equally good as regards the cure, but much better as regards the subsequent appearance.

THE ETYMOLOGY OF "VACCINE."—*The Maryland Medical Journal*, quoting from *The Charlotte Medical Journal*, says: The terms "vaccine" and "vaccination" do not apply satisfactorily to the new treatment of disease by injection of killed bacteria, pursuant to the discoveries of Sir A. E. Wright, for strengthening the opsonic or resisting properties of the blood. A Philadelphia physician Dr. David Riesman, suggests in *American Medicine* the new names "bacterine" and "bacterines," corresponding with vaccine and "vaccines," "bacterinate" for "vaccinate," and "bacterination" for "vaccination." "Any or all untoward symptoms that might follow bacterination might be designated by "bacterinia," he adds. Dr. Riesman formulates the objections to the old terms for the new use as follows:

1. On etymologic grounds—the word "vaccine" being derived from vacca—a cow.

2. On the ground that vaccine and vaccination have a specific connotation based on the Jennerian principle.

3. On the fact that vaccination is a prophylactic measure, while the injection of dead bacterial cultures is used principally for curative purposes.

REVERSAL OF MEDICAL OPINIONS.—*The Maryland Medical Journal* says: Reversal of opinions is characteristic of the history of medicine,

and cannot be better illustrated than by this new knowledge as to the winter improvement of the tuberculous. Time and again has it been necessary for the profession to change its methods of treatment to the opposite of long-established orthodox practice. The old plan was to keep the tuberculous outdoors in summer and house them in winter or send them south. Now we expose them to the northern winter and protect them from the sun in summer. It is time to investigate the benefits of the solarium and see if it is not as harmful as the summer sun.

MEASLES AND RUBELLA.—*The Medical Record*, abstracting a paper in *The Journal of the American Medical Association*, says: The frequent errors of diagnosis between measles and rubella are remarked by H. M. McClanahan, who describes their respective symptoms as observed by him during a recent prevalence of both simultaneously in Omaha. The principal differences observed were the marked prodromal symptoms of catarrhal disorder, fever, etc., with the early appearance of Koplik's spots in measles as compared with the slight or absent prodromata in rubella, and the later appearing, more lasting and confluent eruption in measles. The papules in rubella are more discrete and they appear often as the first noticeable symptom. The fever is not so high as in measles and complications are notably absent. In three of his patients he had the opportunity of observing both disorders occurring in the same patient within a few weeks and noting the contrasting symptoms and course. There are doubtless borderline cases, but careful examination will usually lead to a correct differential diagnosis.

BACTERIOLOGY OF WHOOPING COUGH.—*The Interstate Medical Journal* says: Albrecht reports the results of his investigations of this subject, to the Vienna Medical Society (*Rev. Mens. des. Mal. de L'Enf.*).—His work is based on a study of two hundred autopsies on children dying of pneumonia, consequent on whooping-cough, and on the study of the expectoration in seventy cases of whooping-cough. In all of these cases there was constantly found the bacillus pertussis of Eppendorf. Albrecht thinks that this bacillus is not to be distinguished in any way, either morphologically or biologically, from the bacillus of influenza, and it would seem that we could say that the same bacillus can produce both diseases. Furthermore this bacillus seems to play an important rôle in measles, because Albrecht found this bacillus in 80 per cent in all fatal cases of measles. By inoculation of guinea pigs, Albrecht has succeeded in obtaining a serum which agglutinates this

bacillus in a dilution of one to four hundred. The inoculated animals presented more or less marked myocardial lesions, and at times there were produced vegetations on the mitral valve.

WHOOPING COUGH.—*The New York Medical Journal*, in an abstract of a paper in *The Journal of the American Medical Association*, says: Kilmer reports the results of treating five hundred and fifty cases of pertussis with an abdominal belt, the results being, as the author says, surprisingly good. The belt is made of linen, with a strip of silk elastic webbing two inches wide inserted on either side. This is sufficient to give the belt elasticity, yet does not add materially to its weight. The belt laces in the back, and, by means of the lacings, any degree of constriction may be maintained; it is worn over the undershirt or band. The width should approximately be as follows: For infants, four to five inches wide; for children, five to eight inches wide. The length of the belt should be such that when complete it should measure three inches less than the circumference of the abdomen at the navel. The degree of constriction should be determined in each individual case; usually a slight degree of constriction is sufficient to produce a moderation of the cough and a complete cessation of vomiting. If, after having applied the belt, the symptoms do not abate, tighten it slightly. A sense of comfort is generally expressed by children who are old enough to make themselves understood. These belts can be made by any instrument maker at a few hours' notice; the usual mode of procuring them in any individual case is to send the measure of the circumference of the child's abdomen (at the navel) to the instrument maker, also stating the age of the child, and in twenty-four hours' time a belt is ready for application. The belt is best applied by the attending physician, and the parents and nurse should be instructed in its use. The cost of the belt is nominal, from one dollar and a half to three dollars being charged for its making. The beneficial results obtained show that 87 per cent of patients wearing the belt are helped by its use.

OBSTRUCTION IN THE NOSE OR THROAT AS A CAUSE OF NERVOUS AND MENTAL DISEASES IN SCHOOL LIFE.—*The Medical Record* says: R. H. Johnston regards the real nature of mental and nervous troubles in these cases as toxic from a deficiency of oxygen in the inspired air. The list of symptoms produced includes mental dullness, restlessness, night terrors, nocturnal incontinence, headaches, stuttering, and various other defects of speech, choreic movements of face, etc. Mention is made of reflex nervous cough, irritability of disposition, pseudomeningitis, etc.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

FRENCH PROVINCIAL HOSPITALS

THE hospitals of the provinces of France afford a most interesting study, from every point of view. Architecturally, they are beautiful and fascinating. Historically, they are full of the romance of real life, colored by the traditions of the Middle Ages and of a civilization centuries old. From the nursing standpoint, they show in the most conspicuous and striking way the passing of the old and the coming of the new. In some of them may still be seen in full panoply the ancient nursing orders of the church, which have now almost entirely disappeared from the hospitals of Paris, and in others may be found modern nursing of the most approved method, with budding training schools for secular nurses under the control of trained gentlewomen who are remodeling the nursing service according to the precepts of Miss Nightingale.

I have visited, in all, the principal hospitals or Hôtels-Dieu in Rheims; Coucy-le-Château; Orléans; Blois; Tours; Poitiers; Albi; Carcassonne; Béziers; Arles; Avignon; and, of course, in Bordeaux a number of the most important hospitals, and in Lyon the venerable Hôtel-Dieu—the most ancient of French hospitals. That of Beaum, which is the most beautiful picture I have ever seen, is of such especial interest that I will leave it for a time by itself.

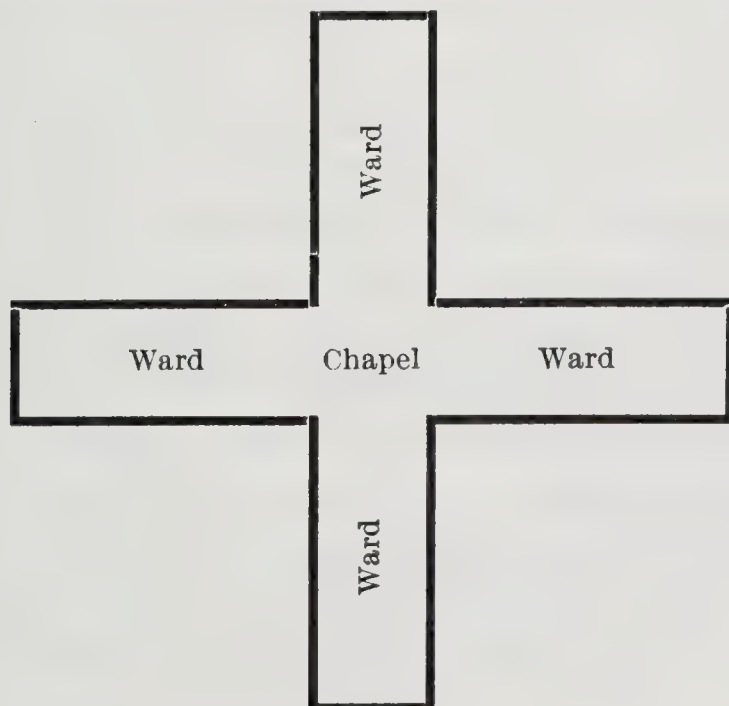
In architectural type there is a general resemblance. This general type is in its peculiar way so very beautiful that one mourns at the thought of seeing it disappear from the earth, even if it is not according to modern pavilion-plan ideas, but I fear that it is doomed, for wherever you go you hear of plans for new hospitals or see the piles of stone for putting up new pavilions. By all means build new hospitals, but why, oh why not preserve all these quaint old buildings for some other purpose?

The leading characteristic of the provincial hospital is its spaciousness and its extensive domain. To-day, to be sure, many cities have so grown up around their hospitals that most of these domains have been eaten up for building lots; but enough remain, as at Tours, Albi, and

Béziers, to show what the old gardens, vegetable and fruit farms, vineyards and quarters for stock were like. For instance at Albi the hospital raises enough pigs to supply its needs in bacon and ham, grows all its vegetables and fruit. Béziers keeps twelve cows, has its vegetables and fruit; makes its own wine. At Tours, the farm gardens were so extensive that I could not find my way alone through them. Beside their large grounds many hospitals own country properties, farms, vineyards, etc., from which they derive revenue.

In the buildings themselves the old plan is always the two-to-four storied solid mass built around three or four sides of an open square, laid out in gardens. Fine old heavy arcades or cloisters are often found fronting on these gardens. There is almost always a floor of red brick square tiles, smoothly painted over in dull Indian red, which I think gives a very attractive effect and is easily kept clean. Then there are always the most massive stone staircases, spiral or square, of the same gray stone as the buildings (which yellows a little with age) all the way to the top of the house. If ever buildings were fireproof these are. The ceilings all have the solid square timbering of old oak or chestnut, most good to look at but not, alas, in accord with asepsis. The windows are very striking in their defiance of modern ideas. They are usually very large, but high up in the wall, sometimes at least eight feet above the floor, and not so frequent as we are accustomed to see. As a result the wards are almost always in a half-tone or even in a twilight. Direct sunrays are rare. Some wards have a double row of windows,—large, occasional ones below, and smaller, square, and more closely set ones just under the ceilings.

Sometimes, at the corner of several squares or courts, four large wards meet with an open central chapel, thus:



and this effect is often quite stupendous, as at Carcassonne, where the wards are of unusual width and dignity of proportion. The chapel, here, has now been dismantled and is simply an open empty space, screened off by heavy curtains. At the Hôtel-Dieu in Lyon, such an arrangement is found, with the staircase opening into the central square and the four wards screened off by glass partitions to the ceiling. A head-nurse, standing in the centre, could survey all of her four long wards at once.

The interior of the wards is almost always of a sad monotone, in which the dull red floor is the only cheerful feature. The favorite paints of a few centuries ago seem to have been a dreary gray and a depressing brown, and these recur constantly in wards and corridors.

An interesting feature of old hospitals is the linen-room. This is often a room of noble dimensions lined with hard wood. On all four sides the shelves and compartments for clean or new linen reach to the ceiling, and a tall step-ladder on wheels is the one piece of furniture. Linen supply in France is always abundant, and the linen of beautiful quality—no muslin is used for anything. All is heavy linen looking like homespun, unbleached white, yellow, gray, and brown.

The linen-rooms are always kept with great neatness, but whereas the secular nurses fold their linen in plain, time-saving piles, the nuns have created a way of folding linen that is really one of the most extraordinary examples of imagination and technical skill that I have ever seen. It is impossible to describe, but with their linen they make geometrical forms and patterns of an intricacy and multiplicity that must be seen to be realized. It is pathetic, for it is a great waste of time,—then, too, one naturally hates to give out linen which has been folded into kaleidoscopic prisms,—but one realizes that these linen-rooms represent the one and only outlet for a sense of decoration that is open to the Sisters.

As for laundries! I wish that all our young Domestic Science pupils could see the incomparable specimens of old-time laundries that I saw in different places,—notably that at Blois, not in the hospital, but in an asylum for old people, chronics, and children, on the other side of the river, which is often visited and painted by artists. It defies my powers of description, but its chief feature was the small artificial pond (I can't think of a better word) within soapstone walls waist-high, where the laundresses stand to pound, rub, and beat the clothes in the cold water of which this miniature lake is composed. It was all wildly picturesque, but not very comfortable, for one side is open to the weather, while a roof of antique shingles and timbers gave the semblance of

protection only. No warmth is possible in winter—there are no steam heaters, no boilers, no driers, only the drying garden under a lovely blue sky.

The transition in nursing has been made with great suddenness in some of these provincial hospitals. At Albi, the staff of trained nurses arrived at twelve o'clock one day, and the nuns left at one. Thus in one short hour the disciples of Florence Nightingale,—Dr. Hamilton's and Miss Elston's graduates, replaced a system which has lasted for fifteen hundred years, and established in its stead the new régime based on the scientific teachings of the immortal Pasteur.

There are about three hundred patients here, of all sorts, acute and chronic. There is also a division for soldiers, for this appears now to be a common arrangement in provincial hospitals, and the old name *Hôtel-Dieu* is often changed to "Civil and Military Hospital." The soldiers supply an acute service in scarlet fever and measles, and at Béziers there were three cases of smallpox.

At the time of writing these notes, hospitals where graduates of the Bordeaux schools had been called to reorganize the nursing were those of Albi, Alais, Béziers, Castelnau-du-Médoc, Cambrai, Elbeuf, Dijon and Lorient. I was fortunate enough to visit two of these, Albi and Béziers. The former has three hundred, the latter four hundred beds, and both have civil and military divisions; they are, therefore, as is readily seen, institutions of importance. There is a remarkable group of young women in each of these hospitals. In each case the head of the nursing staff is also the superintendent of the hospital. Mlle. Luigi, at Béziers, was trained at the London hospital, having gone there at Dr. Hamilton's suggestion when the latter was just taking hold of her own reform work. She has as her staff head nurses from the Tondu and the Protestant hospital. She is now so firmly established that she has in her turn established a training school to which she is able to attract an excellent and desirable type of young probationers. Her difficulties at first were great, for an interregnum of a year had taken place after the departure of the nuns and before her arrival, but she has overcome them, and her little school (for the numbers are still small) is naturally regarded with great interest and expectation, as it is the first training school planted in the provinces under the auspices of the Bordeaux reform movement.

I fancy that Mlle. Nectoux at Albi will have the next. She is one of Dr. Hamilton's graduates, and has a group of her classmates as head nurses. The directors are building, and with more room I am sure a school will follow. The lively intelligence and enthusiasm for

their work of all these young nurses is very stirring, and no less striking is the quiet ease with which they assume the positions, so new to secular French women, of hospital Directrice. But France is the land of capable, executive women, and all they want is not to be repressed. Dr. Hamilton and Miss Elston very wisely refuse to send their graduates into hospitals simply as head nurses under a man Director, as they would then have no power to initiate changes and would be simply wasted. They are only supplied to towns where the Administration is willing to give one of them the control of the wards. For this reason Carcassonne, which has a very handsome hospital, six hundred years old, I was told, was refused by Dr. Hamilton. The Director has laicised the hospital with a staff of paid attendants. They looked very kind and pleasant, and appeared to take great interest in their work. Only one head nurse had a "diploma" which was given her by physicians for a course of instruction, so it does not amount to much. A young married man, who had his home in the city, was in charge of the male wards, and his courteous manner made a most pleasing impression. He also seemed very attentive to his patients.

I was taken around by the Concierge, who appeared to be an old soldier. He was evidently greatly inflated with pride over the secular nurses, and showed me the printed notices in the wards announcing that all patients are free to have the services of any minister, of any religion, with so much satisfaction that I concluded he must be a "librepenseur" or at least a Protestant, but he informed me that he was a Catholic, but he approved the religious liberty and the lay nurses because he was a *materialist*? He understood all about matter! I am still puzzling over this and wondering whether he meant germs? The most distressing and hopeless problem that I saw anywhere was in a large town of Northern France. Miss Nutting and I were there together, and even Miss Nutting was discouraged, while I, not feeling very brisk after being ill, could think of nothing to do but to lie down and die! The hospital had been laicised, and an excellent and experienced nurse, of more mature years than Dr. Hamilton's youthful flock, from a Swiss institution, was there as Directrice. She had collected an admirable group of head-nurses, but small, a mere drop in the bucket, and was trying to get pupils and establish a school. The hospital had a thousand beds and all the wards were overcrowded. It was peculiarly cheerless and dingy, and in a condition of disrepair that was really appalling. No American nurse could imagine such waterclosets, and the lack of everything that made work easier. The nuns, knowing they were to be sent away, naturally enough, perhaps, let everything run down. Supplies were out,

everything was needed: the money was scanty and the Administration not intelligent. The rich Catholics would give no more money, and the Protestants never had given any and would not begin. It was impossible to install an adequate staff of ward-maids and keep them, as quarters and comforts were lacking, and the medical students of the University seduced them so persistently that it was an ever-present anguish. Moreover, a former lay Directress, who had not been a nurse, and knew nothing of hospital discipline, had married one of the Administration and made continuous mischief, stirring up strife and breaking down system and discipline. We went over the place from garret to cellar with sympathy and amazement, and on leaving offered encouragement and begged this brave soldier to hold fast, but in our hearts we knew she could not. And so it has turned out. They, too, applied to Dr. Hamilton, but I do not know what will happen.

Some very large and important hospitals are still in charge of Sisters, as at Tours and Blois, where very picturesquely dressed and lovely looking nursing orders are seen, the latter especially charming in gowns of yellowish-gray with large white fichus and full white veils: yet under them are ill-kempt, untaught women doing the nursing very badly, and on duty day and night, sleeping in the wards with their patients (*e.g.*, in a children's ward).

The difference in the aspect of patients in the wards nursed on the mediæval plan, and those under the care of the Bordeaux nursing missionaries is very marked. For instance, the nurses' patients were the only ones I saw whose mouths were cleansed, and who were protected from flies, and their wards are the only ones where one finds screens. As the laicisation of hospitals is a government measure it is being rapidly extended. In the autumn a ministerial circular was sent to all the heads of provincial governments asking whether the hospitals under their jurisdiction had been laicised, and if not, why not; if schools of instruction had been established, and if not, why? If established, whether they were successful, and if not, why?

Dr. Hamilton fears the movement to laicise will go on too rapidly, and cripple itself by recruiting ignorant and untrained women. She is quite right. It would be better to go more slowly, for it will take twenty years to train *well* and thoroughly enough nurses to staff the French hospitals. What I am afraid of is that the government never *will* learn how many nurses are needed to a ward. At present they simply have no idea of it, and if the young trained women try to do modern work with mediæval numbers they will break down rapidly and it will be the story of the German hospitals over again.

L. L. Dock.

ITEMS

THE lectures at the new training school in Paris have opened and M. Mesureur will lecture on "Administration."

THE proposed degradation of the Matrons of the English Metropolitan Asylums and Hospitals is yet undecided. Much powerful and disinterested influence has been exerted to prevent such a retrograde step with its resulting disaster to the patients.

MISS ELSTON and her nurses at the Tondu Hospital in Bordeaux have had the pleasure of showing the King of Spain over their wards. He seemed much pleased with everything, and spoke in English with Miss Elston. A probationer in the school is a young Spanish lady. How glorious it would be if she could initiate hospital reform in her own country later!

The British Journal of Nursing is publishing for the first time some of the Crimean nurses' letters, written to their friends from Scutari, also a couple of Miss Nightingale's. They are very interesting, and throw new light on the endless difficulties under which Miss Nightingale worked. We all know the type of woman who suspects her head nurses of "working against her." From the complaints of these egotists one would suppose that Miss Nightingale herself took pains to put bad water in their teapots! and other complaints are of like nature.

The Woman's Journal (December 28) reports five victories for the cause of equal suffrage in 1907; they were: the Parliamentary Suffrage given by Norway to certain large classes of women, eligibility to municipal offices given by Sweden, right to vote for members of boards of public charities and to serve on such boards given by Denmark, eligibility to serve as mayors, aldermen, town and county councillors in Great Britain, and last of all, what has entirely escaped general notice, Russia has given women holding property a vote in the election of the Duma, though this vote must be cast by proxy. As the whole electorate in Russia has been tyrannically restricted to secure a reactionary majority this last is a doubtful benefit.

RECENT legislation in England requires local school authorities to provide for medical inspection of school children, and this not only from principles of treatment and cure for diseased or defective children, but also for developing school hygiene and for the promotion or culture of health.

This is the basis of the Massachusetts School legislation, under which the culture of health becomes prominent. The law of this home state provides for the school nurse, and the English Board of Education also regards her as a most important if not indispensable ally in the preservation of school children's health.

THE many efforts made by public men and official bodies in England to crush self-government among nurses and prevent registration are driving nurses to consider the formation of a "Nurses' Defence League." The latest snare laid by Mr. Sydney Holland and the Central Hospital Council has been a Bill drafted for presentation to Parliament by which they hope to spike the nurses' guns and get legal power into their own hands, by having a legal humbug which they intend to call "An Official Directory for Nurses." *The British Journal* as usual has exposed it so thoroughly that it will probably catch no one. But what an unmanly business for men to be engaged in! Trying to keep a whole army of hard-working women in a state of economic slavery to their hospitals and employers. The fight in England is a plain fight for the right to live, on the nurses' side, and for power which is unjust on the part of Hospital Directors and employers generally. The London Hospital has a large revenue from renting out probationers, and its private nurses are obliged to work in the wards between cases.

FOREIGN exchanges show a steady growth of dissatisfaction with general conditions of nursing, not only as to the incomplete training that is almost universal, but also with the life-conditions under which nurses are compelled to work. The improvement of nursing is becoming a burning question in many foreign countries. Physicians in Germany, Belgium, France and Holland are taking a keen interest in the questions of higher training. Unlike some men here at home who are engaged in the effort to return to a standard that is common abroad, these advanced foreigners are striving to raise their standards to one more nearly like that of England and America. In Germany, Sister Agnes Karll has been on a lecturing and organizing tour. She has had crowded audiences of men and women and has found the greatest interest everywhere. Physicians have remained afterwards to discuss and to question and they have contributed many valuable suggestions and have promised to support higher standards. In Munich she addressed a society of physicians, and pointed out to them the overwork, underpay, and imperfect training under which German nurses now struggle. The State Registration Act of Germany has not yet been actively accepted in South Germany (like ours it is not compulsory) but she has stirred up public

opinion in favor of establishing its standards there as well as in the north.

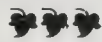
In Holland the nurses' association is awaiting a reply from the Minister of the Interior to the petition for State Registration which it has submitted to him, as mentioned last month.

In Belguim, Dr. Ley, the remarkably progressive alienist who attended the Paris Conference, has brought about a federation of schools of training for nurses, to determine a minimum period of training and to arrive at a uniform curriculum. He has also persuaded the medical society of alienists and specialists in nervous diseases to give its own certificate to mental nurses who have passed certain requirements.

There is, however, a far too one-sided masculine control in these Central European countries and they cannot, in consequence, go very far. It will all be like trying to walk on one leg.



THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

THE editor of this department sincerely apologizes for inserting so much local material. To avoid this she urges the thousand visiting nurses throughout the country to lend a hand in making the pages of the Visiting Nurse Department of the JOURNAL, live, interesting and up to date. The managers of the magazine were good enough to give us the space. Now it belongs to visiting nurses to fill it with the best material. We must not forget that in doing this we are competing with the other departments of long standing, and ably edited, but with no better resources for material than we have at hand, if each in the various branches of the work, out of the wealth of her experience would contribute her share.

THOSE who heard Lady Hermione Blackwood in Paris last summer tell of the work of a District nurse on the coast of Ireland, her hardship and thrilling experiences could almost match it, by the story of the work in the mountain region of Kentucky. The description of the work there is like a page from romance. The nurse who is doing this work would be very glad to send any of her fellow-nurses a letter, telling of her experiences, either direct or through the editor. There is always a strong bond of comradeship among all nurses, but it always seems emphasized among visiting nurses. The visiting nurse in the farm villages of Massachusetts, the mountains of Kentucky, the north coast of Ireland, the crowded quarters of London and New York, the thriving manufacturing western town, have untold things in common.

Is the Visiting Nurse really a social factor? The readers will remember some two years ago some one wrote an article in *The Outlook*, starting out like this, Does the Visiting Nurse Nurse? or words to the same affect. The article created quite a stir in the visiting nurse circle for of course we all were quite sure we nursed just as well as the old-fashioned visiting nurse, before all sorts of up-to-date reform movements came to the fore, in which we are now supposed to take part, but we are not so sure that the writer was not partially justified in her criticism of

us. Nursing the less fortunate classes, and having knowledge of all the forces which make for their betterment seems essential, but is it essential? Is there not some danger in the pendulum swinging too far the other way? Granted that the knowledge of all these agencies makes her a more intelligent woman, does it make her a better nurse, the real prime object for which she goes into the home? When the visiting nurse becomes a social worker in any sense, she is no longer a nurse. Her hospital training makes her a better social worker, but she can be a good social worker without the long and arduous education of a nurse, and *vice versa*. If we could strike the happy medium of combining the two, much good could be accomplished, but if we must drop one let us keep the nursing, the actual hand service to the sick, and let other social agencies do the specific work for which they were formed. This sounds like heresy in the ranks of modern visiting nursing, but we are led to think (we may be wrong) that we are each day getting farther away from the original purpose of the work.

Visiting Nursing work has a strong inter-relation with playgrounds and vacation schools and summer outings. At every turn we should lend our hand to promote these efforts, which are the real agencies for making future able-bodied and moral citizens, BUT, (and we emphasize it) let us not get away from our real work,—nursing.

A visiting nurse giving talks at a mothers' meeting, while her sick in the home lack for actual hand service, is like the mother of a household at the club lecturing on the care of children, while her own are neglected. They are both right in their proper place, but if we only have time for the one thing let it be first, last, and for all time efficient nursing service to the sick. Happy is the nurse who can combine the two, but it is dangerous ground for most of us.

PHILADELPHIA is to be congratulated. At last the city is to have an organized staff of nurses as assistants to the medical inspectors in the public schools.

An appropriation has been made for this purpose to the Board of Education for the salaries of a supervising nurse and five assistants. This is a very small beginning for a city the size of Philadelphia, but we hope that in another year the need of such service will have demonstrated itself definitely and that funds will be appropriated to meet the expense of a corps of nurses sufficiently large to cover the schools needing such service.

The work of the school nurse was started by The Visiting Nurse Society of Philadelphia in October, 1903, with the hope that it would

be taken up by the city in a short time. One nurse was appointed to assist the medical inspector in six of the schools in the most congested districts. The results proved the need of this service. The Bureau of Health and the Board of Education received the reports with appreciation and encouraged the Visiting Nurse Society to believe each year that one of these two bodies would organize this work on a business basis. In 1907, the board of managers of the Visiting Nurse Society, finding that no definite effort was being made towards this end, decided to make the demonstration on broader lines and give the work more publicity. In October, three more nurses were placed under the supervision of Miss Anna L. Stanley, who had organized and carried on the work. Both the Bureau of Health and Board of Education were notified that after December 31st, all nurses would be withdrawn from the schools. This was done with the result that in a few days it was announced that the Board of Education had received an appropriation to carry on the work.

A staff of five nurses, selected from over two hundred applicants, has been placed under the supervision of Miss Stanley, whose very efficient service has done so much towards giving to Philadelphia one of its most practical benefits.

ANOTHER month will see the Visiting Nurse Association work established in the following places: Lincoln, Nebraska; Galesberg, Quincy; East St. Louis, Illinois; Madison, Wisconsin; LaPorte, Indiana; Memphis, Tennessee; San Diego, California.

DURING 1907 the following *new* societies have been started, and are now in excellent running order: Fort Dodge, Iowa; Milwaukee, Wisconsin.

MRS. HAMPTON ROBB has been appointed by the Cleveland Visiting Nurse Association to consider the matter of adopting a National Seal for Visiting Nurses. She wishes to hear as soon as possible from all the various Associations, giving their opinion of the feasibility of the plan, and offering designs for the same. Address: Mrs. Hampton Robb, in care Visiting Nurse Association, Cleveland, Ohio.

SCHOOL nursing has been introduced as an experiment at Rochester, N. Y. The Women's Union and the nursing organizations of the city are supplying a nurse for three months with the hope that she may prove so useful that the school board will take up the work. Miss Phelan, who has been the tuberculosis nurse, working under the Board of Health, is making the trial.

THE Visiting Nurse Association of Chicago is arranging to call a meeting of all the Visiting Nurses in this country, in the spring either before or after the meeting of the Associated Alumnae, in San Francisco. This would be a good time to discuss the National Seal. The meeting will not be in the form of an organization, but simply to further the interest of the work. It is not probable that many nurses will be able to come, as they are so widely scattered, but it is time for a national meeting of this sort of work, exclusively for the visiting nurse in her various branches. No specific plans have as yet been formed, but the meeting is a *decided* matter.

AT Yonkers, New York, a tuberculosis dispensary has been opened, and a school nurse is employed.

AT Ithaca, New York, a visiting nurse has been appointed whose salary is furnished by various churches and women's organizations.

THE Chicago Tuberculosis Institute has just installed four visiting nurses in their dispensary work. They are to have charge of all the ambulatory cases.



LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: Would you kindly advise me through your magazine regarding the clinical thermometer. I have tried to find out when it was first used and who invented it. I have gone over my old note-books, encyclopedias, etc., and have asked one of our doctors, but I cannot find out, so I decided to go further and trouble you.

M. L. B.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE ASSOCIATED ALUMNAE

THE program being prepared for the convention in San Francisco promises to be most interesting and suited to all kinds of nurses. A rough outline of it is as follows; the names of speakers will be published as soon as they are definitely ascertained:

Monday afternoon, May 4th, and Tuesday morning, May 5th. Registration of delegates.

Tuesday afternoon, May 5th. Addresses of welcome and responses, and the president's address.

Wednesday morning, May 6th. Reports of officers and committees. Papers of interest to visiting nurses and social workers.

Wednesday afternoon, May 6th. Papers of interest to private duty nurses.

Thursday morning and afternoon, May 7th. Papers on training-school problems.

Friday morning and afternoon, May 8th. Papers on association work, registration, etc.

ALUMNÆ LISTS

THE secretary of the Associated Alumnae wishes to thank those secretaries of associations who have responded so promptly to the request for lists of members. Nearly one half were sent in during the two weeks after the request was made. Many of these had to be copied by hand and secretaries are never women of leisure. Will those who have not yet responded, do so as soon as possible?

KATHARINE DEWITT, R.N., Secretary.

LOUISIANA STATE MEETING

THE Louisiana State Nurses' Association will hold its fourth annual meeting February 22nd, three P.M., at the New Orleans College of Dentistry.

MRS. A. V. HALL, Secretary.

AT the meeting of the stockholders of The American Journal of Nursing Company held in New York, January 16th, the following directors were elected for the ensuing year: Miss Damer, Miss Davis, Miss Riddle, Miss Samuel, and Miss Rykert.

At a meeting of the directors on January 17th, Miss Damer was re-elected president, Miss Riddle, treasurer, and Miss Samuel, secretary. A dividend of 3 per cent was declared on the net earnings of the JOURNAL for the past year.

MARY A. SAMUEL, Secretary.

HOSIPTAL ECONOMICS

The financial statement presented below covers the contributions received to date by Miss Anna L. Alline, the Treasurer of the Society of Superintendents of Training Schools, Miss Anna Davids, the Treasurer of the Associated Alumnæ, and by Miss Nutting, the Chairman of the small special committee recently formed to take charge of these funds and consider ways and means for their increase and development.

Received by Miss Alline during the past eight months.

	Cash in hand April, 1907.....	\$584.58
May	Miss Walker	\$10.00
	Miss Lurkin	50.00
	Miss Maxwell	10.00
	Miss Grace Anderson	5.00
	Miss Stewart	5.00
July	St. Luke's Alumnæ Association, Chicago.....	25.00
Aug.	Massachusetts State Association.....	100.00
	Massachusetts Homeopathic Alumnæ	50.00
Sept.	Boston City Hospital Alumnæ Association...	100.00
Oct.	Mrs. Quintard	25.00
Nov.	Miss Eugenia Ayers	25.00
Dec.	Pennsylvania Hospital Alumnæ Association..	160.00
	Worcester Memorial Alumnæ Association.....	25.00
1908 Jan.	Members of Massachusetts Homeopathic Alumnæ Association	14.25
	Graduate Nurses' Association, Connecticut...	100.00
	Children's Hospital Alumnæ Association.....	100.00
		<hr/> 804.25
	Interest on amount in Brooklyn Saving Bank.....	44.36
		<hr/>
	Total received by Miss Alline to date.....	\$1433.19
	From Miss A. D. Van Kirk, one share of stock in American Journal of Nursing Co., value.....	100.00
		<hr/>
		\$1533.19

Received by Miss Nutting,

For Endowment:

German Hospital Alumnæ Association	\$25.00
National Homeopathic Alumnæ Association, Wash- ington	100.00
Graduate Nurses Association, West Virginia.....	50.00
Miss Helen Hay	5.00
Illinois Training School Alumnæ Association.....	100.00
Illinois State Association	111.00
Through G. J. Sanders	60.00

Miss Bertha Smith	5.00	
New York Hospital Alumnæ	200.00	
Mrs. Bertha Frank, Baltimore	200.00	
Miss Annie Goodrich	100.00	
West Penn Alumnæ Association	50.00	
Hope Hospital Alumnæ through Mrs. E. G. Fournier..	100.00	
Miss M. L. Rogers	20.00	
Minnesota State Graduate Nurses Association.....	100.00	
		<hr/> \$1226.00
For Current Expenses:		
New York State Association	\$200.00	
Through Miss Lightbourne	15.25	
Mt. Sinai Alumnæ Association	65.15	
New York Hospital Alumnæ.....	25.00	
Through Miss Ross and Mrs. William S. Thayer....	25.00	
Miss Anna Jammé	25.00	
Miss Helen S. Wilmer	25.00	
Miss Amy E. MacMahon	10.00	
A friend	10.00	
Miss M. B. Dixon	5.00	
Through Miss Alline	59.11	
		<hr/> 464.51
Received from Miss Davids for Associated Alumnæ.....		1361.50
		<hr/>
Total from all sources.....		\$4585.20
The contributions sent to Miss Davids will be itemized in the next report.		

The committee has been fortunate in securing the advice of two gentlemen, both of whom are Trustees of St. Luke's Hospital, also one Trustee of the New York Hospital, Mr. Waldron P. Brown, of the well-known firm of Brown Brothers, bankers, and Mr. Stephen Baker, President of the Manhattan Com-pany Bank. Under their guidance safe and wise investments of the funds are ensured.

M. A. NUTTING, Chairman,
ANNIE DAMER,
MARY SAMUEL,
Finance Committee.

STATE MEETINGS

THE January number of *The Courant*, a woman's journal of the north-west, published in St. Paul, is a nurses' edition and is edited by Mrs. Colvin, president of the Minnesota State Nurses' Association. She was assisted by Mrs. Stuhr, secretary of the association. The paper contains a historical sketch of the state association, the report of the first examination, some good articles on vital subjects, an account of the preliminary course now established at the Minneapolis City Hospital, and many items of local interest, with quotations from a few medical and nursing journals, including THE AMERICAN JOURNAL OF NURSING.

The editors are to be congratulated upon the good appearance of the paper and upon its interesting contents.

GEORGIA.—The second annual convention of the Georgia State Association of Graduate Nurses was held at The Woman's Club Rooms, Atlanta, January 3rd and 4th, with a large attendance, delegates being present from Savannah, Macon and Augusta.

The meeting was opened by Bishop Nelson of Georgia, with an address of welcome by Mrs. A. McD. Wilson, president of the Woman's Club. After the routine business, papers were read on "What Registration Means to You," by Dr. W. S. Elkin; "The Oportunity of the Nurse," by Mr. J. C. Logan, secretary of the Associated Charities; "Club House and Central Directory," by Miss J. M. Candlish; and "Hourly Nursing," by Mrs. E. S. Tupman.

The Atlanta Association of Graduate Nurses gave a banquet at the Aragon Hotel to the visiting nurses and the executive board.

The officers and members of the executive board for 1908 are as follows: President, Miss M. B. Wilson, Savannah; first vice-president, Mrs. Wardell, Atlanta; second vice-president, Miss A. Dozier, Atlanta; recording secretary, Miss J. M. Candlish, Atlanta; corresponding secretary, Miss Clay, Savannah; treasurer, Miss Owens, Savannah. Chairmen of committees: Ways and Means, Mrs. A. C. Hartridge, Atlanta; Credentials, Miss Simpson, Savannah; publishing, Mrs. Tupman, Atlanta; arrangements, Miss Greene, Augusta; nominations, Miss Borthwick, Macon.

REGULAR MEETINGS

DURING the second week in January, a graduate nurses' association was organized in Ottawa with Miss Chesley, a graduate of Johns Hopkins Hospital, and superintendent of St. Luke's Hospital, Ottawa, as president. Seventy charter members were enrolled. Miss Annie Damer, president of the Nurses' Associated Alumnae of the United States, was the guest of honor on this occasion, speaking to the members on the subject of organization and state registration in this country. Living conditions for nurses on private duty are not as comfortable in Ottawa as in many other places, and the club will take up immediately the consideration of the establishment of a nurses' club.

In connection with the Lady Stanley Institute, tuberculosis work is being developed in various ways. The Governor-General and Countess Gray are greatly interested in this work in Ottawa. What is known as the May Court Circle, an organization of ladies, has taken hold of it, land has been secured, and a dispensary will be built and opened at once. Provision for the care of incipient cases will be made at as early a date as possible. Miss Damer was summoned to Government House to explain to the Governor-General and Her Excellency the methods of conducting tuberculosis work in New York.

NEW YORK CITY.—A successful fair was held on December 5th and 6th in the Administration building of the Roosevelt Hospital by the Alumnae Association in aid of the nurses' benefit fund.

The rooms were very attractively decorated, one special feature being an old wind-mill which served as headquarters for the Dutch family, whose flour bags proved both amusing and profitable.

Much enthusiasm was shown by the graduate nurses and the association takes this opportunity of thanking its friends who so kindly assisted them.

ALBANY, N. Y.—The alumnae of the Albany Hospital Training School opened a club house at 351 Hudson Avenue, in May, 1906, which has been very successful. In October, 1907, a club day was established for the last Wednesday in each month. At the November meeting an interesting paper on Nursing Ethics was read by Mrs. E. M. Simpson, superintendent of nurses at the Albany Hospital.

FALL RIVER, MASS.—The annual meeting of the alumnae association was held on January 1st, seven new members were enrolled during the year, making a total of sixty-one. Meetings for either social or business purposes have been held every month except September. The August meeting was held at the home of one of the members in the country. Doctors have given addresses on two occasions. It has been decided to give assistance to nurses in sickness. A banquet was given in December. The year has been a success socially, educationally, and financially.

CHICAGO, ILL.—The Passavant Alumnae held a meeting on January 7th, two new members were received. Miss H. M. Kellar, superintendent of the hospital at Redwing, Minnesota, who has recently been attending clinics at the Mayo Brothers' Hospital in Rochester, Minnesota, gave an interesting account of their methods also of those used in her own hospital.

ORANGE, N. J.—The regular meeting of the alumnae association was held on January 15th. About fifty members were present. The committee appointed to collect for the Hospital Economics Chair at Columbia College was not ready to give a final report, as all the nurses had not been heard from, but judging from the result so far there is reason to hope that the Orange nurses will contribute their share to the endowment fund.

SCRANTON, PA.—The regular monthly meeting of the State Hospital alumnae association was held on January 2nd. After the reports of the retiring officers had been given, new officers were elected as follows: President, Miss Alice M. Brice; vice-president, Miss Charlotte Williams; treasurer, Miss Frances Deniker; secretary, Miss Mary Ligne. Miss Brice and Miss Gibson were re-elected on the entertainment committee, and Miss Vandevort and Miss E. Saul were appointed on the sick committee. A vote of thanks was given the retiring officers. A social and dance will be given in February. The next meeting will be held at the State Hospital on February 13th.

ST. PAUL, MINN.—The officers of the St. Luke's alumnae for 1908 are: President, Dora Rohlf; Vice-president, Caroline B. Monk; treasurer, Isabel Macpheason; secretary, Mary Weddel.

ORANGE, N. J.—The secretary of the Orange alumnae asks to make the following correction of the published report of the October meeting. The committee on the endowment fund for the Hospital Economics course was asked to continue and to make a thorough canvass of the Orange nurses to learn their attitude, and also to collect subscriptions from individuals for the fund, the final report to be handed in at the January meeting. The newly elected officers are: President, Miss Clark; first vice-president, Miss M. B. Squire; second vice-president, Miss M. M. Anderson; treasurer, Miss Eleanor Anderson; secretary, Miss Julia Bronis, 270 Fremont Avenue.

NEWTON, MASS.—The Newton Nurses' Alumnae Association held a fair December 3rd and 4th. The proceeds, five hundred dollars, are to be added to the fund already on hand for a home for graduate nurses.

The association wishes to thank the different associations and individuals who so generously contributed toward the fair.

H. E. MACAFEE, President.

BOSTON, MASS.—On October 24th, the alumnae of Saint Elizabeth's Hospital gave their first entertainment in the form of a whist party and dance at Huntington Chambers. It proved to be a success both socially and financially.

PERSONALS

MISS MAMIE NORQUIST, class of 1907, Illinois Training School, has resigned her position at Iron River, Michigan.

MISS KATHARINE HILD, of the Passavant Hospital, Chicago, is doing private nursing in Rapid City, South Dakota.

MISS H. E. SIGSBEE, class of 1889, Illinois Training School, will take charge of the Child Saving Institute, 18th and Ohio Streets, Omaha, Nebraska.

MR. AND MRS. VERNON M. BOOTHBY, registered nurses of Lebanon, Connecticut have accepted positions as superintendent and matron of a sanitarium at Woodmont, Connecticut.

MISS BRAND, class of 1906, Roosevelt Hospital, who has been successful in private nursing in Paris is at her home in New York City. She expects to return to Paris in the early spring.

MISS M. GOODNOW, R.N., recently superintendent of nurses at the Wauwatosa County Hospital, Wauwatosa, Wisconsin, has been appointed to a similar position at the Park Avenue Hospital, Denver, Colorado.

MISS A. M. RYKERT, a graduate of the New York Hospital, who has been superintendent of nurses at the Post Graduate Hospital, New York, for some years, has been recently made superintendent of the hospital.

MISS MARY B. TALCOTT, class of 1897, Illinois Training School, has left her position at the Glenwood Boys' School, Glenwood, Illinois, and will take the position of superintendent of nurses at the insane hospital, Peoria, Illinois.

MISS KATHARINE NEWMAN, a graduate of the New York City Training School, formerly superintendent of nurses at the Faxton Hospital, Utica, has accepted the position of superintendent of the Rome Hospital, Rome, New York.

MISS MARY HART, of Charleston, South Carolina, having completed a four months' graduate course at the Manhattan Eye and Ear Hospital, is taking a course in surgical nursing at the Woman's Hospital, New York City.

MISS SOPHIA KIRCHOFF, formerly surgical nurse at the Passavant Hospital, Chicago, has accepted the position as superintendent of a hospital at Muskogee, Oklahoma. Miss Laura Grossteuck of the same school, will take the position as superintendent of nurses.

MISS WILHELMINA HAMILTON, class of 1903, Episcopal Hospital, Philadelphia, has left her position at the Cooper Hospital, Camden, New Jersey, and has taken charges of the nursing in the Hospital of the Good Shepherd, Fort Defiance, Arizona, the Navajo Mission Hospital.

MISS GRACE HOLMES of St. Paul, while visiting friends in the country in the late summer, met with a serious accident in a runaway which has confined her to the house for many weeks with bruises and broken bones. She hopes soon to be able to take up active work again.

ON December 10th, at Detroit, Michigan, the alumnae association of the Farrand Training School gave a reception in honor of Miss Mathild Krueger, Mrs. Gretter's successor at Harper Hospital. Members from other schools were present to help welcome Miss Krueger to Detroit.

MISS F. ELIZABETH HILL, formerly night superintendent of the Philadelphia Orthopedic Hospital, has accepted the position of superintendent of the Cottage Hospital, Portsmouth, New Hampshire, to fill the vacancy made by the resignation of Miss Anna F. Alpaugh, who became Mrs. Dr. Blaisdell on December 1st.

BIRTHS

ON November 8, at Boston, Massachusetts, a son to Mrs. Charles P. Morris, who was Miss Elizabeth Hannah, class of 1902, St. Elizabeth's Hospital.

MARRIAGES

ON October 30th, at Cleveland, Ohio, Miss Jean Barnes, of Lakeside Hospital, to Dr. Frank Hoskins.

IN June, Miss Elizabeth Carter, class of 1903, St. Elizabeth's Hospital, to Dr. J. E. Adams, of Boston.

ON September 18th, at Cleveland, Ohio, Miss Cordelia Sudderth, class of 1904, Lakeside Hospital, to Dr. John Phillips.

ON December 3rd, at Cleveland, Ohio, Miss Annetta Crass, class of 1904, Lakeside Hospital, to Mr. Edward Ernest Wittman.

ON November 20th, Miss Sallie Howard Weir, class of 1906, Farrand Training School, to Dr. Clark David Brooks, of Detroit.

ON October 30th, at Detroit, Michigan, Miss Emily Trowbridge, class of 1902, Farrand Training School, to Mr. Clarence Gail of Detroit.

ON November 9th, at Muscatine, Iowa, Miss Clarissa Staab, class of 1903, Illinois Training School, to Mr. John E. Mardock, of Aledo, Illinois.

ON December 24th, Miss Margaret E. Thielen, class of 1903, Rochester City Hospital, to Mr. Fred G. Eacker. They will live in Rochester, New York.

ON January 1st, at Boston, Massachusetts, Miss Elizabeth Roche, class of 1900, St. Elizabeth's Hospital, to Mr. John H. Goulding. They will live at Concord, Massachusetts.

IN December, in Montreal, Annie E. Short, class of 1903, Roosevelt Hospital, to Dr. Charles T. Sibley. They will live in Davao, Mindanao, Philippine Islands, where they will work as medical missionaries.

MISS MINERVA E. BROPHY, a graduate of the West Side Hospital, Chicago, for some time superintendent of the Frances Willard Hospital in the same city, was married recently to Dr. Herbert D. Briton. They will live at Danville, Illinois.

OBITUARY

AT Lawrence, Kansas, Miss Jennie Haverkempff, class of 1905, Sherman Hospital, Elgin, Illinois, died of typhoid fever.

ON November 25th, Miss Bertha H. Harris, class of 1896, Maine Eye and Ear Infirmary, died suddenly after a brief illness.

ON June 10th, 1907, Miss Verna Rogers, class of 1906, Sherman Hospital, Elgin, Illinois, died of scarlet fever after an illness of four days. She contracted the disease in the home of a patient while on duty.

ON December 30, at the American Hospital, Mexico City, Mexico, Miss M. M. Paterson, a graduate of the Montreal General Hospital, died of typhoid fever. She was buried on New Year's morning in the British Cemetery, Mexico City. Miss Paterson had done private nursing for the past five years in Mexico City and was much beloved by all who knew her. Her friends and patients have suffered a great loss.

MISS AGNES LYONS, a graduate in 1907 of the Columbus Hospital, Great Falls, Montana, died at the home of her parents at Anaconda, Montana, after

a lingering illness. She was devoted to her chosen profession and even in her last hours imagined she heard the ringing of patients' bells and wished she might go and minister to their needs. She was characterized by an amiable disposition and a mild and unassuming manner, and will be greatly missed by her associates.

ON December 7th, Miss Ida Sweetman, class of 1896, St. Luke's Hospital, St. Paul, died at the hospital. Since 1900, she had been superintendent of the nurses' club house and had acted as registrar of the Ramsay County Association; in 1907, she was elected vice-president of the Minnesota State Association. The success of the club-house has been largely due to her, and she will be greatly missed both in her personal and official capacities by Minnesota nurses. She was one of the quiet workers of the nursing profession whose influence was a great force in the community where she dwelt.

MISS MARGARET SUTHERLAND, a graduate of St. Luke's Hospital, New York City, died December 4, 1907. She had always been an interested member of her alumnæ association and a most willing worker, occasionally filling offices on the executive board. During her years of training she was an example of gentleness, capability and thoroughness, and showed a sense of justice and a right spirit under discipline. To her friends she was loyal, true, loving, and thoughtful. From all sides at all times came the highest praise for her efficiency and the greatest regard for the beauty of her character. As a true nurse she was ever ready to answer any call, even this greatest of all, the last.

MISS EMILY CHILMAN, lady superintendent of Stratford Hospital, Stratford, Ontario, died on January 8th, after a short illness. Miss Chilman had previously been in charge of a pavilion at the Toronto General Hospital, but had occupied her present post for nine years, showing exceptional skill not only in the profession of nursing but as an executive officer of unusual ability. All connected with the administration of the hospital felt that it was through her efforts that it held so high a place. Her death is a great loss not only to the profession but to the whole community. She was buried at Hamilton, her early home, and the respect in which she was held is shown by the fact that the mayor of Stratford and the president of the board of trustees of the hospital went to Hamilton to officially represent the city and the hospital at her funeral.



HOSPITAL AND TRAINING-SCHOOL NOTES



THE graduating exercises of the Rome Hospital, Rome, New York, were held on January 7th. The class consisted of three members: Miss Myra T. Guilfoyle, Miss Mary G. Hemmerling, and Miss Lillian I. Marsh. In the superintendent's report, Miss Newman explained the changes that had been made in the hospital and the curriculum to make the school eligible for registration, and told of the advantages of being not only a trained nurse, but also a registered nurse. The address to the graduates was made by Hon. Eugene A. Rowland.

THE graduating exercises of the training school for nurses, St. Francis Hospital, Hartford, Connecticut, were held on December 30th, in St. Thomas' Seminary Hall. The graduates were Miss Elizabeth A. Fitzgerald, Miss Elizabeth F. Riley, Miss Exilda I. Marshall, Miss Helen A. Garvey, and Mrs. Susan A. Gralton. The address was given by Dr. George C. Bailey, president of the hospital staff and the diplomas were presented by Bishop Tierney. Essays by the graduates and singing by the undergraduates were also features of the program.

THE Children's Memorial Hospital, Chicago, Illinois, is to be enlarged by two new pavilions, one for medical work, containing fifty beds, and one for babies, with ten beds. It is expected that they will be ready for occupancy by the first of next May. A power and laundry plant is also in process of construction. The present hospital building, after some changes and repairs, will be used for surgical work until such time as funds shall be obtained for a new surgical pavilion.

THE accompanying photograph is not a representation of a tuberculosis camp with convalescent patients grouped about, but is an illustration of the carrying out of a happy thought which came last summer to Miss Robertson superintendent of nurses at the Elliot Hospital, Manchester, New Hampshire. She found that the nurses' sleeping rooms were unbearably warm, and she had just been wishing for a chance to camp out, when the idea of using a hilltop near the hospital for a tent colony came to her. Fortunately the trustees of the hospital were benevolently disposed men who fell in with the scheme as soon as it was broached and "in three days the whole training school was sleeping out." The nurses enjoyed it so well that when frost came, small stoves were purchased to heat the tents. When Miss Robertson's report came to the JOURNAL late in November, four nurses were still enjoying their fresh air treatment.

PRACTICAL SUGGESTIONS



A FEW IDEAS AND SUGGESTIONS

By MARY E. SCHUMACHER

Superintendent of Samaritan Hospital, Troy, New York

NURSES' cap pins have always been a source of worry to me. I have seen the point projecting at least three inches beyond the cap exposing patients (eyes especially) to severe injury. While in training I devised a pin and have had such made for my nurses. Every one in the school is obliged to wear that style of pin. We have them made in silver at a cost of about two dollars.*

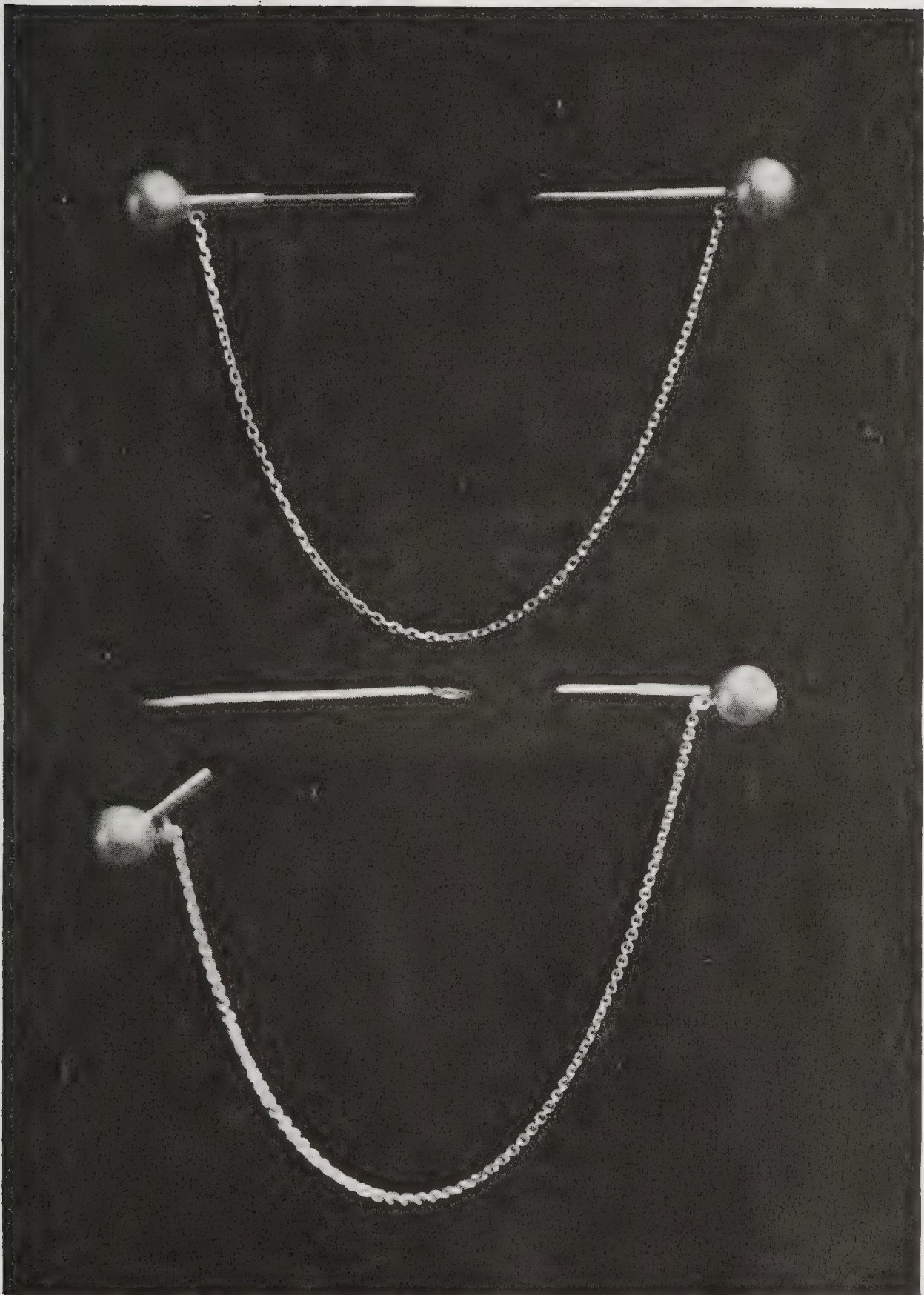
A square of gauze folded triangularly makes a very good head covering for operators and assistants. For the doctors they are folded in several layers over the forehead to absorb perspiration and are tied in the back, while for nurses the hair is covered better by tying in front. They are easily washed and ironed.

The bars of soap that have become too small to be used may be put into a wide-mouthed bottle and covered with water. Shaken up daily it makes a very good stock (we might say) for making soap suds enemas and it can be utilized in many different ways. It is a great saving where many pieces of soap are used as is the case in an institution.

Another great saving is in the use of glycerine. I have seen glycerine enemas prepared and enough mixed to answer for a half dozen enemas instead of one as intended. Mix the glycerine and water, equal parts, in a wide-mouthed bottle and fill the small syringe right from the bottle. The quantity is so small that it is not necessary to heat it. The nozzle, must, of course, always be clean.

Cold compresses one in each hand and one on the head, changed continuously for one hour, have been known to reduce the temperature in typhoid in a nervous patient better than a bath. Some patients, as we all know, do not respond well to baths and this simple remedy is worth trying especially with nervous patients.

* These pins can be obtained directly from Miss Schumacher at the price named.



CAP PINS



A Doctor's Head Covering.



A Nurse's Head Covering.

Nurses cannot be too careful in the feeding of helpless patients. Feed them slowly always. The food will taste better and certainly is better masticated and then far better digested. This rule should be strictly observed in the feeding of children.

You who have charge of hospitals know that the nozzles of hard rubber syringes are constantly being lost and broken. With each syringe there are a straight and curved nozzle, the straight being the one most used. If the curved one is put in cold water and allowed to boil a few seconds it can be easily straightened, giving two straight nozzles to every syringe.

A very good scheme in preparing a room in a home for operative work is to put a coat of Bon Ami over the windows. It not only prevents any one from looking in but gives a soft, good light for the operator.

THE CARE OF INFANTS' EYES

BY MADELINE SMITH

Graduate of St. Luke's Training School, Chicago

IN the days of our grandmothers I fancy that the care of the infant's eyes was begun and ended in the general bath, but in this generation the greatest watchfulness is demanded at the outset, for a perfectly healthy child, and with eyes perfectly free from infection.

In hospital practice the Credé method is probably universally used at birth, but in any event the daily irrigation of warm boric solution is considered necessary to keep the eyes in good condition.

Let us suppose that the most convenient time for irrigation is at the daily bath. I have always found it a good plan to attend to the eyes before undressing the child, and for two reasons, the hands have not come in contact with soiled clothes, and the baby has not had time to think of either being hungry or tired.

There is no need of wetting the clothing with the solution unless the baby is very restless, and the chances are that there will be an entire change after the bath.

A soft fresh towel, some absorbent cotton, sterile medicine dropper and warm sterile boric solution are all that are necessary. When these are ready and conveniently near, take the baby on the lap. The towel is placed in such a way that it will catch the solution, not allowing it to run into the ear or down the neck.

It is most important in cleansing the eyes to irrigate away from

the nose for the obvious reason that some of the superfluous solution may run from one eye to the other. To avoid this always turn the head to the right when irrigating the right eye, and to the left when irrigating the left eye.

Do not be afraid of using too much solution,—a dropper full in each eye ought not to be too much. After using a medicine dropper I think no nurse will ever return to the bad habit of using cotton which has been taken in the fingers and then dipped in solution. It ought not to be necessary to state that this can not accomplish as well the thorough flushing of the eye; moreover, there is the possible danger of infection from the hand.

After irrigating each eye, sponge around the lids with a little absorbent cotton, preferably damp, so that none of the shreds will adhere.

In the case of a mild infection, a drop of 5 per cent. argyrol after the boric irrigation is very effectual, but should not be used without the advice of a physician.

The greatest care should be exercised in treating one infected eye in order not to infect the other, and nothing which has touched the first should come in contact with the second.

Before closing these few suggestions let me ask all nurses to guard the babies under their care from strong light. When one considers the delicacy of the eye and the indifference of many people to the influence of light, is it a wonder that many children are wearing glasses?

Since writing the foregoing, a graduate nurse of experience has given me two points which have proved most helpful to her and they will no doubt appeal to many.

She has found that in irrigating a baby's eye, a small wide-mouthed bottle is better than a medicine dropper, as the solution flows with less force and is more ample. It can also be very readily sterilized. As there is a possibility of minute particles of the absorbent cotton getting into the eye, she suggests sponge cloths of old cotton or linen which have previously been sterilized.

SOME one asked in a recent JOURNAL how to dispose of hospital refuse. We have a large fireplace built in the basement in a small room off the furnace room. The fireplace has a good draught and in it we burn everything except the kitchen garbage which a man takes away for his pigs. We find by using kerosene we can reduce almost anything to ashes, and these are sent away with the furnace ashes. We burned last year all the refuse from a hospital which had had five hundred and

thirty-six patients, almost one hundred of these having been isolated cases, making a lot of kitchen waste. We also disposed of all dressings, wet or dry, from two hundred and eighty surgical cases.

A. L. McG.

THE use of sterile gauze over the breasts of an obstetrical patient, seems to me entirely unnecessary. In my training this was not taught, and I have been in charge of a maternity hospital for two years and do not teach this to my nurses. We use boric acid on the nipples and the babies' mouths and keep a clean towel over the breasts. If there is the slightest abrasion, we use tincture of benzoin on the nipples and the shield for nursing until the soreness has disappeared. For the babies' eyes we use 20 per cent. argyrol immediately after birth and cleanse thoroughly with boric acid when dressed. We never have had a case of ophthalmia. I wonder if antiphlogistine is commonly used for sore breasts when the milk first comes. I find it invaluable, we use it also for the occasional cases when a baby's breast is hard and sore.

OBSTETRICAL NURSE.



BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

CHRISTIAN SCIENCE, THE FAITH AND ITS FOUNDER. By Lyman P. Powell, Rector of St. John's Church, Northampton, Massachusetts. G. P. Putnam's Sons, New York and London.

THE most astonishing spectacle that exists in the world to-day is the exposition of the growth of Christian Science, in numbers and capital, in the very heart of the highest civilization, of the most liberal and scholarly of the educated class in America. The Reverend Mr. Powell does not unravel the mysterious wonder of the thing by laying bare with the most ruthless sincerity the life of the founder of this most remarkable faith. As he shows her to us, we see a mean, and self-seeking character, continually sponging on her friends and relatives; for thirty years "beating" her way through life—indolent, mischief-making, exhausting the kindness and forbearance of the friends who afforded her a home and immunity from making any effort to earn her own living or to afford to her child the care and support which a parent owes it. Feeding her mind on the sickly literature of the "New York Ledger" was apparently the only preparation which this remarkable woman made for the remarkable position to which she elected herself at the age of fifty odd years. Of the authors who were her contemporaries and of whose names it was almost impossible to escape hearing she evidently knew little and cared less. It is recorded of her that she mentions Irving as the author of "Pickwick Papers." Never perhaps has there been a more convincing example of the truth of the old saying "ignorance and impudence go hand in hand."

Of the so-called "Faith" it is harder to get an impression from Mr. Powell's book than of its founder. It is not very clear just what Mrs. Eddy believes or rather what she would have her followers believe. Certain it is that she believed there exists no limit in the human mind, to credulity, to its power of assimilating the unbelievable, the monstrous. She believes apparently that human intelligence is incapable of affront, that tradition, history, the education of the ages all exist as little for others as they do for herself. This profound belief in the littleness of

things as measured by herself is of course a very ordinary thing, but the miraculous is that she finds in a few years her following numbers over a million.

At the age of eighty-six years this inscrutable old woman, who has been attacked on the one hand by the medical profession and on the other hand by the church, who is continually arraigned by the masses of the intelligent populace, sits counting her recruits—among whom she can reckon men of higher education than she is capable of estimating and money which flows in without being checked by the stringency of the times.

The failure of her "faith" to justify itself by cures, etc., does not apparently affect her following. They accept her explanations and bow to the inevitable.

Much has been written for and against Christian Science, the magazines have been in some instances monopolized by the claims and pretensions of the cult, the lawsuits, the temple, but so far as we know there is no work which embraces the whole subject so completely as the present one. Mr. Powell will not make any converts for Mrs. Eddy.

A TEXT-BOOK OF PHYSIOLOGY. By Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia; Ex-Fellow in Biology Johns Hopkins University; Consulting Neurologist, Norristown Asylum, Pennsylvania; Ex-President of the American Neurological Association, etc. Second Edition Revised and Enlarged. F. A. Davis Company, Philadelphia.

THE second edition of Isaac Otts' Text-Book of Physiology appears only three years after making its first bow to the public. The present volume is increased over one-third of its original proportions. Much of the original text has been rewritten; much new matter has been added, including the latest developments in the science of physiology in all its branches, making the book thoroughly up to date as a reference and final authority on all questions relating to the study of physiology.

A MANUAL FOR HOSPITAL NURSES AND OTHERS ENGAGED IN ATTENDING THE SICK. By Edward I. Domville, L.R.C.P., London, M.R.C.S., England. Surgeon to the Royal Devon and Exeter Hospital; Lecturer and Examiner St. John's Ambulance Association. Ninth Edition. Blakiston's Sons, Philadelphia. Price, Seventy-five cents.

ONE of those innumerable little books that come to us from the old country filling us with amazement at the condescension of the great men who write them and with wonder at who the readers may be. Readers they must have unless publication is cheaper in England than it is here or so small a fragment of literature could never have existed to a ninth edition. This book is like many others that have crossed the ocean to us—a few words on many subjects. Directions for obsolete poultices, and cooking receipts, and a glossary, mammoth in proportion to the rest of the book. Though never used in class teaching in this country, this kind of small, handy volume has many patrons.

A MANUAL OF PERSONAL HYGIENE, PROPER LIVING UPON A PHYSIOLOGIC BASIS. By American Authors. Edited by Walter L. Pyle, A.M., M.D., Member of the American Ophthalmological Society; Fellow of the College of Physicians of Philadelphia; Fellow of the American Academy of Medicine; Assistant Surgeon to the Wills Eye Hospital, Philadelphia, etc. Third Edition; 12 mo. of 451 pages; illustrated. Price, \$1.50 net. W. B. Saunders Company, Philadelphia and London.

THE plan of this book which is written in eight chapters, each one by a different author, who is a specialist in the line of his subject, of indisputable authority, might in some hands prove disjointed and uneven reading. Dr. Pyle and his collaborators, however, work together so harmoniously that the reader hardly notices the changes that succeed each other in the book as one subject after another is taken up by its respective author. If there is a want in the book it is a chapter all to itself on general hygiene. The editor's introductory in a measure fills this lack, but in the reviewer's opinion the subject would bear amplification. True each author has something to say respecting general hygiene, eating, drinking, bathing, sleeping, exercise, but each speaks from his own standpoint rather than from a general basis. Charles G. Stocton, M.D., of Buffalo, writes of "Hygiene of the Digestive Apparatus;" George H. Fox, M.D., New York, of the "Hygiene of the Skin and Its Appendages;" E. Fletcher Ingalls, M.D., of Chicago, "Hygiene of the Vocal and Respiratory Apparatus;" Alex. Randall, M.D., of Philadelphia, "Hygiene of the Ear;" Walter Pyle, M.D., of Philadelphia, "Hygiene of the Eye;" T. W. Courtney, M.D., of Boston, "Hygiene of the Brain and Nervous System;" G. N. Stewart, M.D., of Chicago, "Physical Exercise," and D. H. Bergey, M.D., of Philadelphia, on "Domestic Hygiene." This last chapter is mainly devoted to the con-

ditions that make for sanitary living places, rather than rules and principles for sanitary living to be practiced by the inhabitants thereof. The subject includes construction and location of living places—ventilation, heating, draining, plumbing, disposal of garbage, nuisances, housecleaning, and food and dietetics, with a very brief mention of the causes and transmission of communicable diseases. Without going further into the book one sees how much ground remains uncovered and wishes that Dr. Pyle had enlarged the third edition of this admirable book along general lines rather than by the appendix which contains some familiar matter on temperature, pulse, respiration, baths, massage, emergencies, etc.

In the introduction to the book Dr. Pyle dwells at some length on the need of educating the public on hygienic subjects, deploring the ever-increasing army of neurasthenic invalids, not to mention others, who are the victims of their own ignorance and the blind followers of guides as ignorant as themselves of hygienic principles.

“Men and women who would be greatly chagrined to be corrected in the pronunciation of a popular foreign proper name or who would resent as an insult any imputation as to their lack of general culture or learning, show not the slightest embarrassment at their ignorance of the common physiologic functions of digestion, circulation, respiration, etc. Persons of intelligence continually furnish thoughtless recommendations of purely “quack” remedies and unscientific instruments and apparatus; and advertisements of these articles may be seen in the best general and religious periodicals.”

We are all ready to endorse Dr. Pyle, and we know only too well how many difficulties this popular ignorance adds to the already difficult path of the nurse who is forever engaged in rallying to her aid, tact and ingenuity, to combat and conquer the perverted idea of hygiene which continues to sway the general mind of the public.



CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL
FOR THE MONTH ENDING JANUARY 11, 1908.

ASTBURY, AGNES, transferred from Zamboanga, Mindanao, to temporary duty at Jolo, P. I.

BAKER, ELMA, graduate of St. Joseph's Hospital, Hot Springs, Arkansas, 1907, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, California.

BRACKETT, BERT D., recently on duty at the General Hospital, Presidio of San Francisco, discharged.

DUNCAN, ADELAIDE, transferred from Zamboanga to Camp Keithley, P. I.

HEPBURN, SARAH M., transferred from Camp Keithley to Zamboanga, P. I.

KEENER, LYDA M., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco, California.

KING, ELLA B., transferred from the General Hospital, Fort Bayard, to the General Hospital, Presidio of San Francisco.

LEONARD, GRACE E., transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, for treatment.

MERICLE, EVELYN E., transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.

MYER, SARA BURTISS, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

PAMPSEL, MADELEINE M., transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard.

PHILIPPENS, MINNIE A., transferred from Camp Jossman, Guimaras, to Military Hospital, Iloilo, Panay, P. I.

POSTLEWAIT, CLARA L., transferred from Zamboanga to Camp Keithley, P. I.

PURCELL, BERTHA, ex-army nurse, graduate of Hahnemann Hospital, Chicago, Illinois, 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

REID, ELIZABETH D., transferred from General Hospital, Fort Bayard, to General Hospital, Presidio of San Francisco.

SCREIBER, MINNIE E., transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard.

WHITE, ALICE CECIL, transferred from Fort William McKinley, Rizal, to the Division Hospital, Manila, P. I.

WOODS, JULIA E., transferred from General Hospital, Fort Bayard, to the General Hospital, Presidio of San Francisco, thence to duty in the Philippines Division. Sailed on the transport Sherman, January 6th.

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EDITORIAL COMMENT



HINTS TO DELEGATES

WE want to give a word of advice to the nurses who are contemplating taking the journey to San Francisco in May.

The trip across the country, no matter how luxurious the car service may be, is accompanied by many petty discomforts which may be greatly lessened by a little forethought in preparation. The effect of the alkali dust on sensitive skin and mucous membrane is most unpleasant, lips are blistered, eyes irritated, throats and noses often congested as with a cold, and the hands and face very much chapped. Such forms of irritation may be prevented or greatly alleviated by the liberal use of such soothing lotions as one would use at home, and those who are specially sensitive to annoyances of this kind need to provide themselves with their usual remedies. Much annoyance can be avoided by carrying a soap to which the skin is accustomed. It is usually possible to get all the towels one needs.

A travelling dress that sheds the dust easily, with a waist of dark material, is much better than white shirt waists and an elaborate skirt. Wash waists mean that one must carry too much hand luggage, and it will be practically impossible to get laundry work done during the short stay in San Francisco. The climate in May is cool, not hot, in fact San Francisco all the year round has chilly days, requiring a heavy wrap in driving or when exposed to the wind. A sweater and a pair of equestrienne tights in one's travelling outfit will save the necessity of carrying heavy outer garments.

One very practical custom followed by old travellers is to carry worn underclothing which will be thrown away as fast as used.

Another convenience is a roll of several dozen pieces of cheese-

cloth, about twelve inches square, of cheap quality, to be used as face cloths, towels, or napkins, should any of these be lacking, and to be thrown away after use. Wet wash cloths or sponges become a great nuisance on a long journey. A bag for one's hat, either of paper, percale or silk, is almost indispensable. The paper perhaps keeps out the dust best, but those of cloth can be hung from a hook by a draw string. By the careful use of such a bag it is possible to cross the continent without defacing one's headgear.

It is a mark of good breeding in a woman not to be thoughtless in her monopoly of the dressing room to the exclusion of others, and consideration of this kind will add to the comfort of all concerned. Clothing should be so arranged as to be adjusted easily and quickly. Small accessories of the toilet which consume time should be left to those parts of the day when the dressing rooms are not in great demand.

One of the great items of expense in any long journey is the cost of meals in the dining car. Frequently when the train is crowded, one must wait until nearly noon before getting breakfast, and even then may find but a limited supply left from which to order. A carefully planned lunch basket will not only save expense, but will add greatly to the comfort of the journey. Lunch can be prepared according to the time out, each package numbered first, second, or third day. In the tourist cars, boiling water is provided for making tea, cocoa, coffee, etc. Those who prefer to depend on the dining car for all of their meals, should at least take some staples, like crackers or sweet chocolate, in case of emergency or delay.

With a party, such as is proposed in going to San Francisco, the lunch feature can be made a very enjoyable part of the journey, and its preparation, etc., will help to break the monotony of the long day's ride. Several friends starting off together could arrange a combination, one taking a roasted chicken, another fruit, etc. Bread and milk can usually be bought at the wayside stations, but fruit we have found scarce, coffee atrociously bad, and everything very expensive. It is well to so arrange the lunch hour that at the time the train is waiting at a station, one may spend the time in exercise on the platform. A little fresh air and exercise each day helps one to enjoy the pleasant features of the journey. It is a good plan to have at least one hot meal a day in the dining car, but breakfast or lunch or tea can be prepared nicely in the car. Shreaded wheat biscuit, boiled eggs, evaporated cream, coffee and fruit are one suggestion for a picnic breakfast.

We should like to have travelling and lunch suggestions for the April number of the JOURNAL.

We find that on account of the early date of the meeting and the late date of the opening of the Yellowstone Park (June 15), it will be impossible for Miss Sly to arrange for a party as was suggested in an earlier number. The camping parties arranged by the Park authorities are delightful and can be chosen by those groups of nurses returning later from the west, the most direct route to the Park being the Northern Pacific, entering it at Livingston.

NURSES' CLUB HOUSES AND CENTRAL DIRECTORIES

THE advantage of a club house in every nursing community has been demonstrated to us during the past months by the gatherings that have been held at the Bellevue Nurses' Club in New York.

For instance, during January, the New York County Association held a meeting there in the evening, when Miss Nutting was the guest of honor, speaking in the interest of the course at Teachers' College, and Miss Palmer was given the privilege of reviewing something of the early history of the JOURNAL, especially for the enlightenment of the younger members. The directors and stockholders of the JOURNAL held their meeting there the following week, also the executive committee of the New York State Nurses' Association. Each of these organizations paid the club for the use of the rooms and had the advantage of the intelligent care of mail and such telephone service as was necessary. The Bellevue Club has only a few rooms to rent to members. The advantages to the nurses of the city of New York would be great if there could be developed a club for all of the affiliated alumnae associations with rooms for permanent and transient guests, on a purely business basis. There would seem to be an opportunity here for broadening out on such lines.

The question of a central directory is one which is still being agitated in a number of cities and which is defeated only by the timidity, so it seems, of groups of nurses who are afraid to venture into new fields of growth. With medical library associations and individual men and women conducting directories, boarding houses and club houses for nurses as purely commercial enterprises, there would seem to be no financial risk involved where several hundred women would unite for the establishment of a good central directory.

As an illustration of a lost opportunity, we have before us a circular issued by the William Pierson Medical Library Association of Orange, New Jersey. This association has decided to establish a registry to be known as the Central Registry for Nurses of the William

Pierson Library Association. Both trained nurses and practical nurses are to be allowed to register, the fee for the former to be ten dollars, for the latter, five dollars. It is to be in charge of some suitable person at a salary of six hundred dollars. The *alumnæ* association of the Orange Memorial Training School is to be asked to name a committee to confer with the medical committee to devise ways and means. Any surplus funds derived from such a registry are to be employed as a fund to care for the members in sickness, the amount to be paid to be determined by a joint committee of the Library Association and the registered nurses. This joint committee is to form working rules under which the registry will be run. Nurses are to be free to accept calls either from patients or doctors, and they may specify the class of work they may choose to follow.

On general principles, we have nothing to criticise in the conditions named in the circular, they seem to be fair and just, but what need of a medical committee in the running of a nurses' directory? We understand that there has been agitation among the nurses of Orange for some time in regard to the establishment of a central directory, that the demand for such was pressing, and that upon the failure of the nurses to act, the medical library association has stepped in and assumed control of the situation. We hear that a well known nurse in Orange has been asked to act as registrar.

The clinging to school lines is the most serious drawback to nursing development at the present time and seems, so far as we can judge, to be present only in our profession. We need a stronger spirit of coöperation in work for the cause of nursing education in all of its various branches, less distrust of one another's motives, and greater confidence in the ability of nurses to take care of the business affairs of the profession.

SIDE LIGHTS ON THE JOURNAL

THE comments on the JOURNAL which reach the editors are often most illuminating, and one sets off another in a way that needs no comment. Here are a few.

A trained nurse when asked whether she took the JOURNAL replied: "No, I do not, it is too intellectual, way above our heads."

A young woman, not trained, acting as companion to an invalid writes: "I do enjoy the JOURNALS very much, and find each time something that helps me. I intended when I subscribed to pass them on, but I am hoarding them instead as 'tools of trade!'"

Still another grumbler when asked in what way the JOURNAL was unsatisfactory to her needs said: "Well I don't care for state registration, nursing education, and all that stuff, what I want is to have the JOURNAL remind me each month of the things I learned in Clara Weeks and have forgotten."

A nurse who has been for many years in the mission field in India, recently at home for her vacation, when asked whether she ever saw the JOURNAL in India exclaimed: "Why I couldn't live in India without the JOURNAL, it is one of the connecting links between my profession and home."

One reader says: "What in the world do you want all that foreign stuff for?" Another equally intelligent subscriber says: "The JOURNAL is worth its subscription price to me because of the foreign department alone."

A woman prominent socially and not at all connected with nursing or nurses said recently: "I read every word in the JOURNAL OF NURSING, even to the notices of the nurses who are married and have babies, it is the most interesting thing that comes into my house."

One reader says: "I often do not have time to read more than the editorials, but I am sure in those to get a summing up of important events of the month." Another says: "Why not cut out all of the editorial department and devote the space to strictly nursing subjects?"

A woman who has been active in progressive educational work for many years, remarked recently: "When I consider how the whole group of women who have carried the JOURNAL forward from the beginning, were without literary or business training of any kind, its growth and development from month to month are to me marvellous."

It is always helpful to receive such criticisms, favorable or unfavorable, as they aid us in maintaining a better equipoise of interest.

THE MARYLAND STATE MEETING

THE marked feature of the Maryland State Meetings which occurred on the 30th and 31st of January, and at which the editor was one of the guests, was the high order of professional and literary excellence of the papers and addresses given, three of which we print in this number of the JOURNAL.

In Baltimore, the standard for admission to the training schools and the education they give has always been so in advance that one is conscious of the high professional standards which are the natural

results of the influences of the dominating educational institutions of the city.

In her address on Social Purity given by Dr. Edith H. Hooker, the political control of courts of justice was shown in a perfectly comprehensive and dispassionate manner, and a strong plea for the ballot for woman was made. We are promised an abstract of Dr. Barker's address on "The Cultivation of a Healthy Mind" which was full of valuable suggestions to workers in the nursing field.

The president, Miss Packard, in her opening address, made the assertion that our state associations should become in a measure schools for post-graduate instruction, and certainly the program of this meeting might well be put under such a heading. The Maryland nurses have set a splendid example of professional advancement along these lines.

We visited the new buildings of the nurses' home of the Johns Hopkins Hospital and were very greatly interested in the practical simplicity of the plan and equipment. Wings have been thrown out on either side of the original building, adding more than one hundred rooms, which are of a size just too small to make it possible to have them occupied by two persons, and yet giving ample space and closet room for one occupant to be perfectly comfortable. Each room was supplied with a drop light on a study table. Each corridor had at the end a small table and a few chairs where the nurses may make tea and have little lunches together, but it is one of the hard and fast rules of the home that no nurse shall enter the apartment of another during her absence. It is hard to put it gently, but it is known that in nearly all nurses' homes, or buildings where students of any kind are housed, there is more or less pilfering, not to say stealing. Since this rule has been enforced at Johns Hopkins, this evil has practically disappeared.

Some features of the equipment of the kitchen of this new home are of great interest. One was a dish-washing apparatus which Miss Ross very strongly commended. Another was the arrangement of shelves. All the old wooden shelving had been torn out and replaced by shelves made of a framework of iron pipe covered by strong wire netting of a coarse mesh. With wire shelves, open plumbing and closets, and eternal vigilance, it is becoming possible to control the water bugs which are a problem in every institution kitchen.

The delightful apartments which have been added for the occupancy of the superintendent of the training school are another evidence of the growing recognition on the part of hospital managers of the need of providing privacy and restful and congenial surroundings for this most important officer. We have in mind in marked contrast

superintendents living for years in rooms artificially lighted, with outer air only from a shaft or back alley.

THE READING OF MINUTES

THE Federation Bulletin of February contains the following from the federation president, Mrs. Sarah S. Platt Decker, under the heading "From the President's Mail."

Letters and verbal inquiries ask this question: "Should the minutes of a State meeting be read and approved at the opening session of the following year?" That is, shall the minutes of 1907 be read to the convention of 1908? Two reasons forbid this,—the first, that the assembly of 1908 cannot legally pass upon the actions of the assembly of 1907, not being the same body. The Club or federation of whose acts the minutes are a record must hear and approve them. The second reason has no legal point but is worthy of consideration. It is never a brilliant or stimulating opening of a convention, especially for new members and guests, to have the record of three days' meetings one of the features, because, though minutes are necessary, we shall all admit that they are not thrilling or even entertaining. Let the minutes be read daily during the convention when all present are interested and have knowledge to correct and approve.

FULL SET OF JOURNALS FOR SALE

ONE of our regular subscribers desires to sell a full set of the JOURNAL, the first four years of which are handsomely bound. The copies are in perfect condition, and this is a rare opportunity for a training school or club library to secure the back numbers. In these JOURNALS is contained the only complete record of the registration movement from its inception, in this country, and the progress of nursing education the world over during the past seven years, a period of agitation and development which marks an era in nursing affairs. These JOURNALS are becoming more valuable each year and more difficult to secure. Any one desiring to buy this set may apply to the editor-in-chief at the Rochester office.

LACK OF CARE IN TEACHING OF DETAIL

WE are inclined to think there is not enough close attention being given, in some of the small schools especially, to the practical everyday nursing detail, such as should become second nature to a nurse

before leaving the hospital. The simple application of a bandage seems to be becoming a lost art. In the every-day process of scrubbing up, either for an operation or for an obstetrical case, is there any excuse for a graduate of a registered school not scrubbing between her fingers, as well as over the back and inside? Is it the fault of the home or of the hospital that in removing a sheet, spread, etc., from a bed there is no attention paid to refolding in the original creases? What sort of training has a pupil had who divides a $1/50$ tablet in order to give a dose of $1/25$ or who gives two $1/25$ tablets for a $1/50$? This is a common error. Such women are unsafe and should not be permitted to ever administer medicine.

The strongest argument for higher educational standards for admission to our training schools is found in just such instances as these, a lack of knowledge of simple fractions, as shown in the inability to estimate quantities in the preparation of solutions and in the administration of doses.

THE RED CROSS

At the last meeting of the New York committee on enrollment of nurses there was an unusually large number to pass upon. Those accepted were: Miss Jane M. Pindell, Miss Emma Duensing, Miss Martha C. Cretcher, Miss Helen E. Schug, all of New York; Miss M. Eugenie Hibbard, Troy; Miss Anna R. Turner, Ancon, Canal Zone. Other applications are pending.

The committee accepted the resignation of Miss Laura D. Gill, as chairman, Miss Gill having taken up work in Washington, D. C. Miss M. Adelaide Nutting has been asked to fill this vacancy. It is hoped that Miss Nutting's interest in nursing affairs will go far toward enlisting a larger enrollment of nurses, not only throughout the state, but the country at large.

It has been proposed that the New York branch of the Red Cross shall undertake the establishment of day camps for tuberculosis patients, coöperating always with any tuberculosis committee in the city or town in which it is proposed to establish such a camp. These camps will have to have nursing staffs and will give the Red Cross active service in time of peace. Plans for the establishment of such camps are under way at Albany, Schenectady, Syracuse, Rochester, and Buffalo.

We wish it to be clearly understood that the New York City branch of the American National Red Cross has no connection whatever with the Red Cross Hospital of that city.

THE RETROGRADE MOVEMENT

NOTWITHSTANDING the vigorous appeal in support of the three years' course submitted to Commissioner Hibbard by the New York City Visiting Committee, a copy of which was published in our last number, he has decided to return to the two years' course.

We make this announcement with regret as, in our judgment, it places the schools under the control of the Commissioner in the second rank. We suspend comment until a later issue.



SOME PHASES OF THE TUBERCULOSIS QUESTION *

BY ELLEN N. LAMOTTE

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So much has already been written about tuberculosis that most people are thoroughly bored with the subject, while those who are not, already know so much about it that there seems little more to add, all of which makes the writing of this paper difficult.

As conducted in most states, the campaign against tuberculosis is an educational one. The public has been educated during the past five years on an enormous scale, accomplished by means of the press, open lectures, lantern slide exhibitions, expositions, and countless talks of an informal nature given to various clubs and other organizations. All of this has been of the greatest assistance in bringing to the layman a fuller knowledge of the causes and nature of the disease and of the methods necessary for its prevention. In Maryland this campaign has been a particularly active one. This education or molding of public opinion is, however, for the most part, for the benefit of those who have not tuberculosis,—it is the education of the top, although of course some of it filters downward into the lower and poorer strata of society where tuberculosis flourishes by natural right. The education of this lower layer, however, is not left to time and the chance of penetration of information into the places where it is most needed, but is accomplished directly and without loss of effort by means of the special tuberculosis nurses. These nurses bring instruction as to the nature and prevention of the disease directly into the homes where the consumptive himself lives. There are four of these nurses at present in Baltimore, who are to-day visiting in over eleven hundred families where tuberculosis exists. This association (the Maryland State) supported one of them for fifteen months, and I think we may well congratulate ourselves upon the undertaking. This house to house teaching, as done by nurses, may be called education along the bottom, or from the bottom upward. The combination of these two methods of instruction, teaching the upper and the lower levels of society, the well and the sick, must in time have its effect upon the community, though it is of necessity slow.

* Read at the fifth annual meeting of the Maryland State Association of Graduate Nurses.

There are certain phases of the tuberculosis movement that have come in for a good deal of attention, in fact for more attention than circumstances seem to warrant. The public has come to look with a sentimental eye upon certain parts of the situation, and to overlook, with characteristic blindness, certain other parts. Sentimentality, when strongly entrenched, is a difficult thing to deal with.

According to Dr. Flick, the curability of the disease has been grossly exaggerated. Cornet, an authority on the subject, writing recently in one of the foreign medical journals, says that the sanatorium has had no effect whatever in reducing the death rate, the only true test of efficiency, and that moreover the results attained by them are in no wise commensurate with the great outlay of money required for their support. Our personal experience with sanatorium cases is quite in keeping with this view. The incipient case, taken from the alley, and kept in the sanatorium six months, and at the end of that time returned to the alley again, has but one road to travel. His sojourn in the sanatorium has delayed him a little,—it was, however, but an interruption, a postponement of the inevitable end. The conditions that caused the disease in the first place must of necessity cause a relapse when the patient returns to them again. For instance, take the average laborer, father and breadwinner of a family, accustomed to trench digging or stevedore work. Discharge such a man as that from a sanatorium (and that is what is being done every day) and then expect him to earn a living for himself again. He has no education, and light work, should he be able to find it, would mean such light pay that he could not begin to support himself, let alone a family. Small pay means economical living, and a man cannot economize on rent, so he must do it on food, and this, to a consumptive, is fatal. The return to hard labor, or his usual occupation, means sooner or later a relapse.

Take, on the other hand, the case of a woman, head of a household, and household drudge. Discharge her from a sanatorium as cured, and with the false sense of security that this implies, and then expect her to be careful of herself and perform her household duties, scrubbing, washing, cooking, rearing children and see how long she can continue at these pursuits and keep well. For people of this class the sanatorium can do nothing,—they cannot afford the education it has given them, they have not money enough to take care of themselves. A cure implies to most people ability to return to normal life. The discharged sanatorium patient has not that ability. Extensive charitable aid is sometimes used to supplement the sanatorium period, and the

patient may be kept up indefinitely, or until this relief is withdrawn, but this is palliative treatment. There are, of course, some patients who will profit by their training, but in any case tuberculosis is a disease to be fought out in the home. If a patient either cannot or will not change his home conditions, and so alter them and his method of living that he may hold the disease quiescent or at bay, then the sanatorium interval can avail him nothing.

But at present, public sentiment demands sanatoria. They are springing up all over the country. The sentimentally inclined like to think of a number of patients in curable stages of the disease, sitting out in the air and sunshine, and gaining pounds in weight and strength. It all leads to recovery and health. But the public does not follow these patients back into their homes, nor does it think it worth while to provide a bed in a hospital for the one advanced case who is sufficiently dangerous in his own person to infect enough patients to fill the average sanatorium. A place for a consumptive to be cured in appeals to sentiment far more than a place for a consumptive to die in.

Tuberculosis in the country is another problem. It is being spread into country districts from the city. It is extraordinary to what an extent advanced and hopeless cases are being sent there by people who should know better. They are perfectly willing to advise a patient to go or to send him away without question as to what sort of a house he is going into, whether he can have a room to himself, or whether he will be even as comfortable or well off as he was at home. As to any consideration of the family he is to be quartered upon, there is none at all. The question of there being young children in the country family, or others likely to contract the disease, is not one that ever deters the benevolent individual who advises and often finances this move. The family, ignorant of the visitor's disease, is unable to protect itself against contagion, and after the patient's departure he leaves behind him a house that cannot be fumigated, a focus of infection and danger to all who live in it. Sometimes the excuse is made that when the people are told that the patient has consumption they still do not object to taking him in. This lack of objection does not come because of the abundant precautions that they expect to take, but arises from that disbelief of danger which is such a frequent characteristic of the ignorant. It is well enough to say that these patients have been taught how to be careful, that they know the nature of their disease, and what care they should take in regard to their contact with others. In sending them away, however, they promptly disregard all that they have been taught, both because the use of sputum cups hampers them,

and because they are sensitive on the subject. They go into a family that demands nothing of them in the way of carefulness, and they are therefore not stimulated to any degree of carefulness by an opinion that would tend to keep them up to a certain standard. There are parts of Maryland where the farmhouses are full of tuberculosis brought there from the city. We know of one consumptive, sent from Baltimore into the country, who infected three members of the helpless family he was placed with, all of whom died. Two other cases infected one each, and if it were only possible to follow up these cases from the other end the results would doubtless be appalling. The patients themselves gain very little good of this time in the country, and this plan of sending them away, unwatched and uncontrolled, is a selfish disregard of the greatest good to the greatest number.

What is the duty of the community and of society to the poor consumptive in our midst? He is right here, earning his living among us and exposing every one of us to the disease. If we do not care about his comfort and welfare, then let us consider our own and the danger we are in. In a study we recently made of some nine hundred families where tuberculosis was present, we found that some sort of money-making occupation was carried on in over three hundred, or one third of them, the work in many instances being done by the patients themselves. There were grocers, butchers, and milk dealers engaged in the "light work" of selling these food stuffs and scattering the disease among their customers. Others had baby farms or kept cook shops, or opened and sold raw oysters. The chief occupation, however, was laundry work, which was resorted to in over seventy per cent. of these home industries, probably because it is the easiest form of unskilled labor, the materials being at hand in every home. In the houses where this washing was done there were from one to four cases of consumption in each, and the number of families washed for varied from one to ten. Imagine the sort of clean clothing thus going out into the community. The patients themselves do not always do the washing, though the ironing is frequently done by them. However, if they are too sick to help with that, (or if the patient is a man) they usually sit in the kitchen where the clothes are hung to dry. Sometimes when the patient is very sick, his bed is brought into the kitchen or into an adjoining room, and the clean clothes are often laid upon it until put into the basket to be taken home. It is probably no exaggeration to say that in every colored household where there is a case of consumption, washing is being done. It is well enough to talk of the danger of sweat shop clothing and the danger to the community in clothes made by

tuberculous people, but the risk is microscopic compared to that of using linen washed and dried under such circumstances as these.

Now what is to be done in these cases? Take away from them their only means of support? These families do not need charity, as they are quite able to earn their own living, but they must do their work at home, for they must stay at home to take care of the dying consumptive for whom there are no hospital facilities.

We are only half educated in this tuberculosis problem. We are educated to the danger, somewhat, but we are not yet educated to our responsibility and duty in the matter. If we are not as yet sufficiently interested to provide the adequate and comfortable hospitals for these advanced cases for their sakes, then let us provide them for our own. We are right in not wishing to have a consumptive cook in the kitchen, —are also right in being afraid of the consumptive who shaves ice and makes syrups for the soda water fountain, nor do we care to have the milk bottles of our particular dairy washed by a patient in the last stages of the disease,—yet all of this is light work which on every hand consumptives are advised to undertake. Left to themselves, this is what they find. At one of the tea rooms in town one of our patients was employed in making the salads,—she coughed so much when actually cooking that they put her at the salads, as then her cough was not so troublesome. The great packing houses along the water front here in Baltimore, where vegetables and fruits are prepared and canned, and the oyster houses, where thousands of bushels of oysters are opened for the market, are filled with Phipps' Dispensary cases. These advanced cases are the ones that are spreading the disease, both in their own homes and in ours. We cannot take their work away from them unless we are prepared to offer them something in return. We cannot send them to a sanatorium, for that is for the incipient cases that they infect.

In the middle ages leprosy was the scourge of Europe. Public opinion finally demanded its suppression, and this was accomplished by segregation. In France, alone, at that time there were over two thousand leper houses. We are afraid of tuberculosis, yet we make no effort to shut off the source of supply. We are willing to cry Unclean! Unclean! but we are not willing to take care of the poor unfortunates whom we stand aside from. In some ways we do not measure up to Mediæval standards.

PSYCHOLOGY AND NURSING *

By MARY CLOUD BEAN, R.N.

Graduate of Johns Hopkins Hospital Training School

DOCTOR BARKER said, some few months since, in a public lecture, "It is fortunate for our people that practising physicians are becoming ever more interested in nervous people, and that they are learning to recognize more fully than formerly the importance of the psychic side of their cases. The deficiency in medical practice in this respect has been due in part, 1, to lack of instruction regarding the healthy mind (psychology); and 2, to lack of instruction regarding the sick mind (psychiatry). American universities are far behind those of the rest of the world in their provision for instruction in the latter subject. In Italy and Germany, especially, every university hospital has its psychiatric clinic in which its professor of psychiatry teaches students how to recognize and treat mental phenomena which deviate from the normal. While America has made admirable provision for the care and comfort of the insane, American medical schools are lamentably lacking in facilities for teaching medical students psychiatry, and especially for giving instruction in diagnosis and treatment in that wide and indefinite borderland between mental health and mental disease."

As nurses we must all admit that what is here said of medical schools may equally well be said of nursing instruction. Our training schools teach the principles, at least, of anatomy and physiology, of drug usage and of surgical procedures, but we continue to lay a quite inadequate foundation for the instruction that is given in nursing the mentally disturbed. This foundation is to be had in a conception of the simpler phenomena of psychology, and their perversion as seen in mental disequilibrium.

In spite of the fact that considerable information is getting about on "how to nurse" a nervous patient, there is still a lack of knowing why such and such a practice is necessary. Blind routine can never give the results of informed activity; therefore, nurses must take up this matter at the right end, its beginning, and in some way get possession of those facts of mind and mind working on which psychotherapy rests. We do not need to go the whole length in psychology, nor to look deeply

* Read at the fifth annual meeting of the Maryland State Association of Graduate Nurses.

into psychiatry, but to be of greatest value in our work we should and must know the basic principles of mind action and be able to recognize even a slight deviation from the normal in our patients. Only in the light of this knowledge can a nurse report intelligently the patient's symptoms, or carry out with immediate results the doctor's orders. Very great responsibility attaches to the nursing of the mentally unsound, and a far-reaching opportunity comes always to the nurse who has the care of a patient nervously unstrung even in a slight degree. Therefore a good equipment is imperative, and the beginning of this equipment is in the science of the normal mind.

Some nurses, of course, have studied psychology in college student days and retain a more or less accurate impression of certain of its catchwords; others may have been, like M. Jourdain, speaking prose, so to say, all their lives, without being aware of it, but for those who know a little as for those who know nothing there is a tremendous want of information on this subject of psychology. Until training schools see their way clear to go in for psychology,—until they have the money to pay lecturers,—for those of us who are past the training-school days, reading must make up this deficiency, reading and lecture courses. By wanting them very much, lectures in psychology could be got for graduate nurses, and classes undertaken that would not require too great effort and would be most instructive.

Even the ordinary magazine nowadays teems with popular articles on psychology. It is in the air and we have got to be up with the times. No more entertaining literature could be imagined than a paper on psychology by Professor William James of Harvard University. We have his "Talks to Teachers," out in book form in 1902; his "Principles of Psychology," rather deep, 1890; and his "Psychology: Briefer Course," in 1892. These last dates coincide with the psychological awakening of which there is now a new wave. Professor Baldwin of the Johns Hopkins University writes on psychology, and his "theory of imitation" makes a nurse think hard on the subject of being a model for her patients. The *Johns Hopkins Nurses' Alumnæ Magazine* published, in its latest (December) issue, a lecture given at the Nurses' Club on "Emotion: its Place and Training," by Professor Stratton of the Johns Hopkins University, and Dr. Barker gave last winter, at the Club, the talk that is our classic on "The Treatment of Nervous Diseases," also published in the magazine.

After the psychology of the healthy mind, comes its variation and application in the study and care of the psychasthenic, neurasthenic or hysterical patient as comprised in modern psychotherapy.

I shall ask your society to print in their report Dr. Barker's modification of the Dubois (of Berne) routine neurasthenic treatment, but omit its reading at this time. In the way of books on this subject we have those by Dr. Paul Dubois (translated from the French) "The Psychic Treatment of Nervous Disorders," and "The Influence of the Mind on the Body." Not yet translated, but very excellent is "Isolement et Psychothérapie," by Camus et Pagnicz after Professor Déjerine. An English writer, Alfred T. Schofield, M.D., writes on "The Management of a Nerve Patient," "Nerves in Order," "Nerves in Disorder," "The Springs of Character," and "The Force of Mind." In translation from the German of Carl Hilty are two books useful alike for reading by nurse and patient, "Happiness," and "The Steps of Life." Annie Payson Call is helpful to the patient inexperienced in life by her "Every Day Living" and several other books. I should like to speak too of Madame Guyon, Fénelon, and other writers of the Church, even of Greek and Roman philosophers, of serious writers in every age who have gone into matters of the soul and of living, whose teachings may be reported to patients very helpfully. Also of the wisest of books, our Bible, out of which the wisdom of many other volumes has grown; yet one hesitates to employ the Bible in any unsettled state of mind, or to bring in religion in moral re-education, for the reason that religion is something so bound up with the emotional life of patients that one cannot know what its effect may be. Then, too, religion is more than a science, and yet is something that the most broad-minded individual may interpret narrowly and that the most narrow-minded and ignorant do not hesitate to interpret as ultimate in the manner of their own particular belief. It is, for these reasons, a dangerous aid to psychic treatment, but an aid the most powerful, judiciously employed. Through the press we are all more or less familiar with the Emmanuel Church movement in Boston, and the good results obtained there by the working together of religion and moral re-education.

In advocating the study of psychology I need not say that knowing psychology does not mean a wholesale and unrestrained use of psychic methods on a nurse's own initiative. She is no less than before subject to the doctor's orders. Her knowledge only helps her to observe and to do as she is told. Many times the nurse must take up the battle with the perverted will of the patient and fight over and over again the same fight that the doctor carries on during his visits. Knowing psychology will teach her also when to stop fighting; that a few simple truths, not repeated to the point of fatigue but repeated till attention is gained, are vastly more valuable than complicated or involved reasoning

that ends by exhausting the patient and never becoming a focal idea. She will find out what are the patient's focal ideas, and what lie on the fringe of consciousness; what ideas may be brought to meet the existing ideas or "native interests" and how strong these must be. She will know the importance of habit, how to engage the attention, how to enlist the will-power, and the laws of its inhibition. The statement that "voluntary action is at all times a resultant of the compounding of our impulses with our inhibitions" puts a high value on knowing how these forces may be guided to proper action,—that to direct the will to self control, to manage the impulses by the mechanism of inhibition, is to produce a strong man or woman, a useful citizen; put no bounds upon the desires of the will and let it be too rapid firing and there results a dangerous person, a maniac; let the thought center upon self, upon one idea, so that inhibitions simply leave no room for the will to operate, and we get the condition often seen in melancholia,—a condition of aboulia or inability to will or perform; leave the desire to do, with the lack of the will to carry out an idea, and there is the familiar type of neurasthenic, inefficient, dissatisfied and unhappy; bring into continual conflict the will and the inhibitive process, and we have the psychasthenic who exhibits symptoms of almost every other type and is the "nervous" person most difficult to regulate and cure,—that is, outside of true insanity. Following up these various conditions and applying to them the remedies suggested by the nature of their origin—included in this being those ordinarily known as "physical," since the carrying out of an idea is a purely physical process, we are told,—we see the use of psychology to the nurse in impelling her to study her patient and to realize the value of every circumstance that surrounds him,—discounting those of no especial value, and leaning mightily on those that are master secrets in his cure. She will also be helped in her own mental life to a degree that amazes her if she has not heretofore thought deeply on inner things.

DUBOIS DIET AND ROUTINE HOSPITAL NURSING TREATMENT FOR
DR. BARKER'S NERVE PATIENTS.

Rest in bed with one pillow for several weeks. Strict isolation from friends, letters, papers, or anything else external. Life moves in prescribed radius until doctor orders change.

Given during entire treatment:

Cold sponge, 55° to 60°, followed by alcohol rub, and preceded by cleansing bath, every morning;

Cold pack every night;
Soapsuds enema every third day if necessary;
Prepared lime juice, two drachms, in glass of water, or juice of half a lemon, or of an orange, every morning before any food.

Diet of Dubois (of Berne) :

First week, milk only, every two hours, from seven a.m. to nine p.m., preferably given hot.

First day feedings, three ounces; second day, four and one-half ounces; third day, six ounces; fourth day, six ounces, with nine ounces three times; fifth and sixth days, the same as fourth day, except at seven a.m. when twelve, instead of nine ounces are given; and on sixth day, with first milk, give slice of brown bread with honey or marmalade; seventh day, as on the sixth, until one p.m. when full meal schedule is taken up and continued as on

Eighth day, seven a.m. milk, eight ounces;

Eight-thirty a.m. full breakfast, with honey or marmalade;

Ten a.m. milk, eight ounces, (often twelve ounces, at all times);

One p.m. full dinner.

Four p.m. milk, eight ounces;

Six p.m. full supper with cooked fruit;

Nine p.m. (after pack) milk, eight ounces.

Patients may have tea or coffee, not strong, once a day, and milk or cocoa at other meals. No alcohol. Vegetables are important, and spinach, carrots, or cooked celery are given every day for dinner.

Meals are very full, as varied as possible, but no choice on the patient's part is allowed, and nothing may be rejected.

Raw eggs are given, as ordered for the needs of the patient.

Patients may be propped with pillows for meals. When ordered to sit up in bed, usually at the end of five weeks, proceed:—

First day, back rest one hour, increasing to two hours; on fourth day, wheel chair one hour, increasing to two hours; on eighth day, walk ten minutes, increasing time daily, until at the end of another fortnight, or less, the patient walks five miles with ease.

A quick plunge into water at tap temperature, slightly over 50°, is usually begun when the patient begins to walk, and takes the place of the cold sponge.

At this period also training in "setting up" exercises is frequently ordered.

As many hours as possible, five or six, or more, are passed out of

doors each day, even while in bed, and wide open windows for sleeping are compulsory.

About the time the patient begins to sit up, some work, as sewing or knitting, is recommended for an hour or so a day, the patient propped with pillows while in bed.

Reading aloud for increasing periods to two hours per day is taken up early in the cure. The patient is permitted to read, under supervision as to time and subject, and in all things is gradually led back, under the doctor's ordering, to normal life and intercourse.

It must, of course, be understood that this routine only holds for certain cases. Dr. Barker considers that it is extremely important to individualize, and it is rare that any two patients are treated exactly alike.

THE NEWER TREATMENT OF CEREBRO-SPINAL MENINGITIS *

BY V. M. MACLELLAN, R.N.

Graduate of Johns Hopkins Hospital Training School

DURING the epidemics of cerebro-spinal meningitis which occurred in different places between 1904 and 1907, an organism discovered by Weichselbaum in 1887, was proven beyond question to be the cause of the disease, although the mode of infection in man is still unknown. At the Rockefeller Institute in New York, Dr. Flexner and his associates began a series of experiments with monkeys and guinea pigs, in which the infection can be controlled, with the hope of producing an efficient antiserum, and they succeeded in getting one which checked the symptoms and apparently cured the infected animals. After many experiments with animals the serum was used in cases of epidemic meningitis with such results as would seem to justify its further use.

The serum in use has been procured by inoculating a horse, at first subcutaneously, with dead bacilli, then intravenously with living bacilli, which have been obtained from different parts of the country, and increasing the dose each week until the animal is immune. The serum is in one strength, a reddish yellow fluid, and is supplied to physicians who will use it under direction and make a report of the cases treated.

The serum is usually warmed to body temperature and injected into the spinal canal after the withdrawal of a variable amount of the

* Read at the fifth annual meeting of the Maryland State Association of Graduate Nurses.

spinal fluid. When a glass tube with a small bore is attached to the lumbar puncture needle, the fluid rises in a normal person to a height of from eighty to one hundred and twenty millimetres, but in cases of meningitis it rises to four hundred or five hundred millimetres or over. Fluid is withdrawn until the pressure, as it is called, drops below normal and then the serum is slowly injected. The maximum dose at present is thirty cubic centimetres. Serum is given in new cases every day for three or four days, and after that on indication as, for instance, by a rise in temperature or a return of the symptoms, which usually subside after the first or second injection.

There is a question as to the way in which the serum acts, whether by killing the bacteria or counteracting the toxin. After the first dose the bacteria, if found, are usually in a degenerated state, and do not grow in the culture tube. In cases where there are sudden rises in temperature it is usually possible to grow the bacilli after each one.

The cases recover by lysis or crisis in about equal proportion. It seems that the serum has no effect with the so-called fulminant type, which runs a very short course with extreme symptoms; nor in the chronic cases where the symptoms are due to change in the tissues; but in new cases, where it is possible to obtain active living organisms, the serum does seem to cure.

Dr. Flexner reports forty-seven cases treated, of whom thirty-four recovered and thirteen died. Of the thirteen, four were of the fulminant type,—the record is really nine deaths, or twenty per cent. mortality, contrasted with about sixty-five per cent., which is the case without serum treatment. A most striking instance occurred in Akron, Ohio, in April, 1907, where there was an epidemic of about twenty-one cases. Of nine cases treated in the hospital with serum, one died, and eight recovered; but of nine outside cases, not treated with serum, eight died. This does not include three of the fulminant type which died. Of two cases now under treatment at the Johns Hopkins Hospital, one, a child of five years, from the south, was admitted in the sixth week of the disease. He was in a very nervous state, not delirious, but on being touched would cough or make a sound that was very much like the bark of a small dog, and this he had been doing for a long time. His neck and back were rigid, knees flexed, eyes crossed. He was first admitted to the private wards and then transferred to the isolated ward on account of the disturbance he made with the peculiar cough or bark which was kept up at first during a large part of each day. The child was kept in a room by himself with a special nurse, and the room darkened a little as the ordinary amount of light seemed to

hurt his head and eyes. He was kept perfectly quiet, his mother was not permitted to visit him, and as few people as possible entered the room. The diet was liquid until the temperature dropped. The first lumbar puncture was done on the day after admission for the purpose of diagnosis, and the bacilli were grown in a culture although they could not be seen in a "smear" under the microscope. On each of the following days a lumbar puncture was done and the anti-meningitis serum injected under chloroform anæsthesia. The child was very uncomfortable after each one of these injections for five or six hours, crying with pain in his head, but his general condition seemed improved. The third and last injection was given two days later, and the improvement in the child's condition was steady and uninterrupted. It is now about five weeks since his admission and he is up in a chair and is to go home within the next few days. He is still very nervous and gets much wrought up when things disturb him, but his mother says he has always been a nervous child.

The second case admitted was a boy from the city of about sixteen years of age. His illness began with a cold and cough about December 18th. He was working in an office and continued at work until December 28th, when he found it necessary to give up and go home at noon with severe frontal headache. During the night he had three convulsions, and the next day rigidity of back, retraction of head and the flexion of the knees. He was admitted to the hospital on the night of the 31st with a temperature of over 103° F. and a pulse of between 180 and 200. The day after the first injection of serum his pulse dropped to 80. His treatment was similar to that of the first patient, but the course of the disease was slower. He was irrational, and during the second injection of serum his pulse became weak, although not rapid. On the fourth day after admission he became rational,—at least he recognized his mother and knew where he was. His symptoms have cleared up gradually, but at three stated intervals his temperature rose above 103° F. and in each instance after a dose of serum was given, the temperature became normal. He was extremely sensitive on being touched when he first became rational and had to be handled very gently. Both of these patients had ear complications,—tenderness and deafness in one ear,—which were relieved by puncturing the ear drums and having the ears irrigated with boracic acid solution, strength 50 per cent., three times a day. The boy's temperature has now been normal for two weeks, and he says he feels perfectly well except for weakness. He has been sitting up in bed with a back rest for the last two days and is to be sent home this week, as he lives in the city, for his convalescence.

Since the writing of this article two new cases have been admitted to the ward and treated successfully with the serum. Last year a case was treated by Dr. Cushing which recovered and is described in Dr. Flexner's article in the *Journal of Experimental Medicine* for January, 1908. Another case was admitted and, although treated, died very soon after admission, so that the record here at the Johns Hopkins Hospital is of five recoveries out of six cases treated.

There have been too few cases reported to admit of the drawing of any conclusions, but the reports so far are encouraging and the results would seem to justify the further use of the serum until the efficiency of it as a cure for meningitis is established.

LESSONS IN DIETETICS *

By MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and of the Hospital Economics Course

THE kitchen is a cooking laboratory and the same exactness, accuracy, and precision are necessary for success as in all experiments in the chemical laboratory. Air and food are the two most important factors in sustaining life and providing the necessary heat and energy. All foods should be clean, properly preserved, and so cooked that they are in a fit condition to become assimilated by the stomach and intestines and to preserve their natural flavor.

FUELS

Any combustible matter which feeds flame is a fuel. Kinds of such matter are classed as follows:

1. Fluids.
 - a. Gases. (Illuminating gas.)
 - b. Liquid. (Alcohol, gasoline, kerosene.)
2. Solids.
 - a. Wood.
 - b. Charcoal.
 - c. Peat.
 - d. Coal.
 1. Bituminous.
 2. Anthracite.

* As prepared for the pupils of the Blessing Hospital, Quincy, Illinois, from various sources, including Hutchinson's Food and Dietetics and the Lectures of Drs. Vulte and Bigelow.

Comparative advantages of different fuels.

1. Economy of heat.
2. Economy of money.
3. Economy of labor for the consumer.

Cooking Processes.

1. By conducted heat with
 - a. Water as the medium.
 - Boiling.
 - Steaming.
 - Stewing.
 - b. Fat as the medium.
 - Griddle cooking.
 - Pan broiling.
 - Sauté.
2. By radiant heat.
 - Toasting.
 - Broiling.
 - Roasting.
 - Oven cooking.
 - a. Baking.
 - b. Braising.

FOOD AND FOOD STUFFS

A food may be defined as anything, which, when taken into the body, is capable either of repairing its waste or of furnishing it with material from which to produce heat or nervous and muscular work. Substances which are unable to help in either of these directions may have a useful place in the dietary, but they cannot be truly regarded as foods. Example of such substances are to be found in tea, coffee and the extractives of meat.

Most ordinary articles of diet are not simple bodies, they are made up of mixtures of various chemical substances, some of which are of nutritive value, others not. The former may be spoken of as the *nutritive constituents* or "nutrients" and may be classified as follows:

Organic.

1. Nitrogenous.
 - Proteids, *e.g.*, casein, myosin, gluten.
 - Albumenoids, *e.g.*, gelatin.

2. Non-nitrogenous.

Carbohydrates, *e.g.*, starch, sugar.

Fats, *e.g.*, olive oil, butter.

Inorganic.

Mineral matters, *e.g.*, sodium, potassium, lime.

Water.

Any article of diet, no matter how it is cooked, can be shown, by chemical analysis, to contain one or more of the members of these groups; otherwise it is not a "food" at all. The functions of food are fulfilled by the different groups in different measure. The first function, that of building up and repairing the tissues, can only be fulfilled by the proteids and inorganic constituents. The second function, that of serving as a source of potential energy, is the property of all the organic constituents, although there is a limited sense in which water, and even, perhaps, the mineral constituents, may be regarded as sources of energy.

One may, therefore, classify the nutritive constituents of food, in accordance with their functions in the body as follows:

Tissue formers.

Proteids.

Mineral matters.

Water.

Work and Heat Producers.

Proteids.

Albumenoids.

Carbohydrates.

Mineral matters?

Water?

It will be observed that proteids alone are able to fulfil both of the functions of a food. Without proteid, life is impossible, for the daily wear and tear of tissue must somehow be made good. With proteid, plus water and some mineral salts, life can be healthily maintained for a practically indefinite time, as is proved by the experience of tribes such as the Indians of the Pampas, who live year in and year out on nothing but lean beef and water. The most common classification of food stuffs is that of water, salts, proteids, carbohydrates and fat.

WATER is a chemical compound of the two gases, hydrogen and oxygen, in the proportion of 2:1. Water enters into the composition of every tissue in the body and forms over 60 per cent. of the entire body

weight. It is not burnt up and so does not supply energy to any great extent.

SALTS.—These form about 6 per cent. of the weight of the adult man. They are present in the bones, teeth, and other tissues. The principal salts of the body are, calcium phosphate and the various compounds of potassium, magnesium, sodium, iron. The mineral salts are very necessary to life and health.

PROTEIN.—Under this heading are included most of the food stuffs containing the element nitrogen. Protein is found in both animal and vegetable food, familiar examples of it being the lean and gristle of meat, the white of egg, the gluten of wheat and the curd of milk. The word “proteid” is used by some writers to describe these.

CARBOHYDRATES contain no nitrogen. They are composed of carbon, hydrogen, oxygen, and the last two elements always in the proportion to form water and the carbon either 6 or a multiple of 6. Carbohydrates are burnt up in the body and are the most important source of heat and energy. Excesses taken are converted into fat and stored up in the body. The superficial fat of the body protects it from cold and acts as a storehouse for the fat, which can be converted into heat and energy.

FAT, or hydrocarbon, is an important element of food, serving the same purpose as the carbohydrates. Fat supplies more heat and energy, weight for weight, than carbohydrates, but is neither so easily digested nor so available.

The changes which take place in the body in “burning up” the food material are designated by the name metabolism.

Such being the uses of foods in the body the question arises: How is one to judge of their relative value? By what criteria is one to decide whether any particular article of diet is a good food or not? The reply is that such a question can only be decided by submitting the food under consideration to these four tests:

1. **CHEMICAL TEST.**—Chemical analysis can tell us how much of each nutritive constituent (proteid, carbohydrate, etc.) one hundred parts of the food contain. With this information, one can arrive at an idea of the value of the food as a source of building material or energy.

2. **THE PHYSICAL TEST.**—This test must answer the question, how much potential energy is that particular food capable of yielding. The amount of heat which a food is capable of yielding on complete combustion may be taken as a measure of its value as a source of energy, for heat and work are convertible terms. The standard of heat production is the calorie, which means the amount of heat required to raise the temperature of 1 gm. of water 1 degree C. This is the small calorie.

For measuring the heat value of foods, one employs, for convenience, the large or Kilo-calorie, *i.e.*, the amount of heat required to raise the temperature of 1 litre of water 1 degree C. or 1 pound of water to 4 degrees F. This should be written with a large C. or capital letter—Calorie.

It has been determined that bacon yields the largest number of Calories, closely followed by butter, fat goose, fat pork, fat mutton, and going down the scale to lettuce which yields the least number of Calories.

Proteids yield 4.1 Calories.

Carbohydrates yield 4.1 Calories.

Fat yields 9.3. Calories.

Different food stuffs have different Caloric value, because the percentages of the food stuffs differ. Three thousand C.'s are needed for each individual in twenty-four hours, therefore the average individual must have 125 gm. proteid, 500 gm. carbohydrate, and 50 gm. of fat.

To apply this caloric standard to a food, multiply the percentage of proteid or carbohydrate which it contains by 4.1 and the percentage of fat by 9.3, to get the total Calories yielded by one hundred parts of the food in question.

3. THE PHYSIOLOGICAL TEST.—It is not enough that a food should contain a considerable proportion of proteid, carbohydrate and fat, and should be capable of yielding energy on oxidation. It must also be of such a nature that it can be easily digested in the stomach, and more or less completely absorbed into the blood. Such substances as sawdust, petroleum, etc., might pass the chemical and physical tests easily enough, but they are of no use in the body, for they cannot be digested and absorbed.

By a digestible food is meant one which is disposed of by the stomach with little trouble or without producing any feelings of discomfort, pain or uneasiness. The only absolute criterion of the digestibility of a food is the length of time it has to remain in the stomach before it is fit to be passed on into the intestine. The shorter time a food requires to stay in the stomach, the greater is its digestibility; and the longer the period which must elapse before it can pass on into the intestine the more indigestible the food is.

4. THE ECONOMIC TEST.—Having ascertained the richness of a food in nutritive constituents, the amount of energy which it is capable of yielding and the readiness with which it can be digested and absorbed, we have still to inquire whether the nutriment which it yields is obtained at a reasonable cost. The simplest way of applying such a test is to find out how much energy (in Calories) and how much building material

(in proteid) one can get for a particular sum when invested in the food under consideration.

Taking results as a whole, it will be observed that the vegetable foods are far cheaper than the animal foods, whether one uses them as sources of energy or of building material. Carbohydrate is by far the cheapest.

(To be continued.)

NURSING IN FINLAND *

By BARONESS MANNERHEIM

Directress of the Surgical Hospital, Helsingfors, and President of the Finnish Nurses Association

I HAVE been asked to say a few words about our Nurses' Association in Finland. It is not very old, not more than ten years, but already it has done a good deal to improve the standard of nursing in my country.

As late as in the seventies and early eighties the words nurses and servants were still almost synonymous. It was not until 1886 when the new surgical hospital of the University of Helsingfors was opened, that a somewhat regular training of nurses was organized, and that a one year course was decided upon. Until then half a year had been thought sufficient.

The probationers, however, then had no home. They had to live in the town and this was of course a great inconvenience. It was then that the Nurses' Association was founded, and the nurses decided to take the matter in their own hands by opening a Home for probationers, for which the necessary funds were secured, partly from private friends and partly from the Red Cross Society.

However, the Association could not compel the probationers to live in the Home, and the hospital directors thought it an interference with personal liberty to require it, so the Home became a sort of hotel where the nurses could stay if they liked and as long as they wished. The results of this system were, obviously, a lack of discipline, and advantage taken of the freedom accorded. The pupils who went to theatres or balls in the evening were not fit for their morning's work, and the others had to do double work. Then, as it was impossible to control the places where the nurses lived, cases of contagious disease not infrequently broke out in the hospital, from infection brought by careless pupils.

* Read at the Paris Conference, June, 1907.

It was at this time that one of our nurses who took a course of training in England had the great privilege of meeting Miss Florence Nightingale, who, with the lively interest she always feels for everything connected with nursing, at once grasped the situation and told our nurse that we *must* make remaining in the Home compulsory for the probationers. She was even kind enough to give a sum of money to be spent in the Home so soon as it should contain all the probationers. This happened only last year, and we are very proud of Miss Nightingale's interest in our work and feel it as a consecration and a stimulus to new efforts. We have devoted her gift to a fund for a library. The house has now accommodation for forty-eight probationers and the work of course goes much better since all are obliged to live together.

The best work our Association has done and that which has brought the greatest improvement in the training, is the preliminary training school which we opened last August, to the maintenance of which, as well as to that of the Home, the Finnish Government is now contributing.

Through the kindness of Miss Lückes, the Matron of the London hospital, who has shown great interest in our work and helped us with advice for which we shall ever be grateful, one of our Sisters was allowed to go through the preliminary training at Tredegar House. On her return she was placed in charge of our preliminary training school, which has now been in operation for two terms with the most satisfactory results.

The probationers remain for two months in the preliminary school and have courses in anatomy, physiology, hygiene, the practice and theory of nursing, bandaging, dispensing, massage, and cooking for the sick. After this they are free from lectures and devote themselves entirely to the practical work in the hospital for the first half of the probation year. During the second half they have lectures in medical and surgical nursing and repetition classes.

The one-year training has now become one and one-half. During the third half year the probationer is appointed as staff nurse (senior) either by day or night.

We are not yet quite satisfied, but wish for a longer training. But our association is young and energetic and will work its way to a thorough course and a high appreciation of the nurse's work.

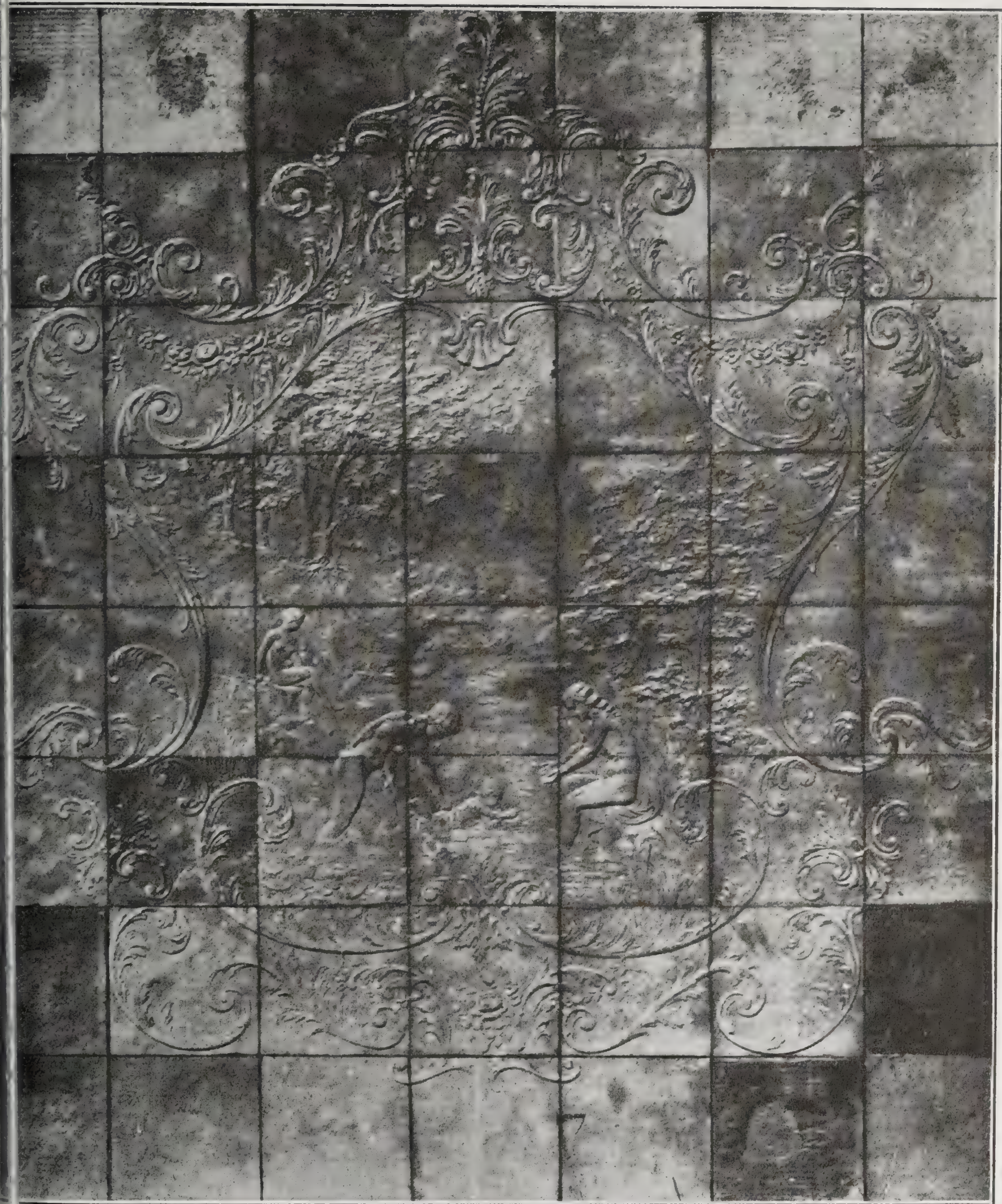
CHILDREN'S CALCULATIONS

By E. L. G. BROWN

CHILDREN learn to count in school, and they practise it in their cots with the wall paper designs, with the patterns of the quilt or the panes of the window. They like the gay colored patterns and fantastic designs better than the markings on the slate, and they find more meaning in them. All children are the same, they like gay solid figures that are made for them, and the walls and quilts around the childish cots are fuller of interest than those they see when they have outgrown their cots.

That which applies to all children applies most strongly to those who are sick. They have plenty of time for their childish calculations, for the diversions of children in general are denied to them. In the children's wards of modern hospitals gay wall papers are unknown. The sanitary precautions which regulate the use of powerful acids, require even the walls of the wards to be covered with sanitary substances. Much use is made of tile for this purpose, and the pure white in color is the kind most frequently chosen as being the most suggestive of the cleanliness which must characterize everything in a hospital. There is everything to be said in favor of such walls; they can be no aid in spreading infection because they cannot absorb the moisture essential to germ life; and they outlast the remainder of the building, because tile as a building substance has no rival in durability. But if quite unadorned, the white walls are apt to be monotonous. It is possible, however, to apply a decoration to these white tiles which is as lasting as the tiles themselves. They may be beautified by the designer, and there is no reason why the wonderful designs which the museums show in this work should not be found imitated in some small measure on the walls of the institutions which exist for the public good, where they would give pleasure to others beside the children.

But in addition to the decoration of tile by means of designs, there is another form of relieving the monotony of the white which is also lasting. They can be painted upon; and the pictures may be as varied as the painters' ideas in subject. The colors do not fade from exposure to air or light, because the painting is executed in a certain kind of fire paint which, when it leaves the painter's hands, is subjected to a high temperature so that the colors may be burned in. Colored pictures



have a fascination for all and for children more especially. Most of the stories they know are learned from pictures; and every picture affords some subject for their calculations. The pictures on the walls are often the most vivid form of their childish imaginings, and give color to the pictures they themselves create. The designs and repeats are so many parts in their chain of calculation, and the more intricate, so much the more interesting are they to them.

Children live much in a world of "make believe," and the more interesting the pictures on the walls, the gayer will be the people in their world, and the easier will be their childish calculations.

NURSING IN MISSION STATIONS

NOTES FROM SEVERANCE HOSPITAL, SEOUL, KOREA.

By ESTHER L. SHIELDS

Sunday, October 20, 1907.

A five-year-old Korean boy was brought in to-day his father saying, "Please give him his life." The child and his eight-year-old brother had been playing with a sickle yesterday, and in their play, this child was slashed in the abdomen, so that the intestine protruded. The little patient was brought twelve miles this morning, still in his much-soiled clothes, and with a dressing of dirty cotton wrapped around the wounded abdomen. His pulse was very weak, and an active peritonitis had already set in, but Dr. Hirst and Dr. Ludlow went to work to do what they could. To our sorrow, the little fellow died—even before the operation was finished, and it was pathetic indeed to see the father start away, with the small son covered and tied on his back, just as though he were sleeping. The child's mother died a couple of years ago, and the man had not heard of Christianity—so this opportunity was used to tell him something about it, and urge him to read the New Testament and to inquire of Christians near his home that he might thoroughly understand. The Korean nurse said to the father that when he got back home, he should not whip the other child for his unintentional carelessness, for he would be terribly punished by the result of the accident, without adding anything else.

Two maternity cases have been sent to their homes within the last twenty-four hours. One was a Japanese woman with a tiny daughter. The other was a young woman who has been one of the German Hospital Medical School students—(doing nursing during the first years of

her study) and she came in a serious condition because of albuminuria, but after some days of rest and restricted diet,—steam baths and proper medication, her little son was born, no dangerous symptoms accompanied the labor and both mother and babe progressed nicely.

Yesterday a young woman was brought in to the dispensary, pale and sick looking, with the information that for two weeks she had been unable to void urine, except it were forcibly pressed out in *very* small quantities; four months pregnant; lower abdomen much swollen, and the day before the patient was brought here the “chim” (a long needle used by the Korean doctor) had been deeply put into the abdomen to relieve the case. Relief had not been secured, but a catheter allowed the escape of over one hundred and twenty-eight ounces of urine and the patient was once more in comparative comfort. The Korean medical student, a senior, and one of the Korean pupil nurses attended to the case in the brief absence of the American doctor. We are to have a further report to-day, or to see the woman again in the dispensary.

A woman came in almost a week ago for operation upon umbilical hernia.

November 13th. She was operated upon eight days ago. To-day the stitches were removed, and the patient is very comfortable. She had chills and fever and intestinal worms when she came in, and was treated with calomel, santonin and quinine—before the operation could be done. She had a troublesome little cough for a few days after the operation. The doctor was not quite sure whether a slight bronchitis had been caused by the anæsthetic, or by a change in the weather. We very rarely have patients suffer from nausea and vomiting after anæsthetics, if they have gone through the usual preliminary treatment; and santonin is usually considered a necessary preliminary these days here, especially in abdominal cases.

Whether the raw turnips and coarse cabbage, which are “put down” for the winter in large earthen jars, with salt and water, and eaten with the rice, is the cause of so many intestinal parasites, or whether most of them are taken in water and other uncooked food, I do not know. But it is evident that most people here need to occasionally use a vermifuge.

One of the most desperate remedies I have heard of has been the treatment by Korean women of others suffering from prolapse of the uterus. My attention was drawn to the fact, eight years ago when a patient suffering from a complete prolapse was brought to our dispensary. She said that she had used the native treatment without success. The parts protruding had been wrapped in rags soaked in

oil, and while the patient was held down by others, the cloths were set on fire, and burned. Later, I learned that the principle was to burn the tissues enough so that when the uterus was pushed back into place, and the patient kept for a week in a recumbent position, there would be adhesions which, it was hoped, would keep the organ in place.

This treatment was vividly recalled, when, up in our northern station, the doctor was called to see a woman in labor who had been so cared for, and the cervix was so cicatrized and contracted that scissors and knife had to be used to allow the birth of the child.

Later, another case of the same kind, but with cervix less injured, was brought to the missionaries, and as the doctor was away, another nurse and I had to take care of the patient, but the birth was really normal.

The woman who had tried to help the sufferers decided that for women who might possibly become pregnant, she must never interfere, and since the advent of the Western physician she would entirely discontinue her practice. But do you blame either her or the patients? I do not, for the latter were perfectly miserable, and life was such a burden that they submitted to anything which gave the least hope of relief. The hospitals which are now in Korea, and the wide-spread knowledge of them,—even to little country villages, bring many patients of many kinds to a place where more modern methods are applied.



CREMATION.—*The Journal of the American Medical Association* quotes from the *British Medical Journal* as follows: Riley considers the subject of cremation historically, legally, hygienically, medicolegally, and from the theological standpoint, and concludes that there is economy, safety and security in it, no offense to the living, nothing out of conformity with the solemn reverence due to the majesty of death, no violation of divine law. While it does upset old ideas, traditions and thoughts, it must inevitably prevail in the end.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

THE ROENTGEN RAY TREATMENT OF SWEATING HANDS.—*The Medical Record*, quoting from a German journal, says: Kromayer says that while excessive sweating of the hands or feet can often be controlled by the use of remedial applications, such as chromic acid, formalin, hydrochloric acid, etc., there are some cases in which these fail. Sweating hands are not only a source of discomfort to their possessor, but a positive detriment from the social and business standpoint. The observation that the hands of Roentgen ray workers become very dry led him to investigate the effect of the rays in cases of this sort. While it has not been found feasible to make use of the Roentgen rays as means of destroying superfluous hair owing to the fact that in order to secure permanent atrophy of the hair follicles too great alteration of the skin as a whole must be caused, it appears that the functional activity of the sweat glands may be abrogated without undue risk. The rays must be applied in considerable intensity, however, and in order to do this safely it is necessary to have an exact means of quantitative control. This the author has found can best be accomplished by measurement of the amount of electrical energy consumed by the tube while in operation, and he gives the details of the method in which this principle may be applied in practice. Three cases of excessive sweating of the hands cured in this way are described.

CARE OF THE NEW BORN.—Dr. De Witt H. Sherman in a paper in *The New York Medical Journal* speaks of some often neglected precautions during the first week of infant life. He emphasizes the importance of warmth as refrigeration produces a shock, which is momentous to the newly born. The temperature should be taken by rectum and kept above 98° F.

Pain sometimes arises from the fact that too little water is given. Post-mortem examination has sometimes shown orange or light-red color in the kidneys near the pyramids usually due to the ammonium urate,

amorphous urates or uric acid crystals. They are easily washed away with water especially if it contains an alkali. This simple remedy often relieves pain too commonly treated by castor oil. He gives as a routine treatment a little weak sodium bicarbonate water during the first two days of life. He considers the rougher methods of artificial respiration as one cause of physical depression and recommends Byrd's method. The infant lies with its back on the palm of the hand, two fingers supporting its head. The thumb presses one side the chest, the fourth and little fingers the other. The other hand grasps the legs and bends the thighs on the abdomen. As they compress it the chest also can be compressed. As the thighs are extended and the body arched backwards the chest can be released. It can be performed in a warm bath if necessary. He considers the best dressing for the cord a dry sterile gauze, or linen, so applied as to prevent contamination. Gallant recommends Balsam of Peru one part to castor oil sixteen parts, both sterile, applied to the base with a thick dressing of sterile gauze for the cord, the whole held to the abdomen by adhesive straps and changed when soiled, or every third or fourth day under aseptic precautions.

FOR ACUTE CORYZA.—*The New York Medical Journal* says: Boulay employs a solution of atropine sulphate of a definite strength applied to the nasal mucous membrane by means of a swab. According to *La Clinique*, for September 6, 1907, he has employed this method in the case of adults for years with excellent results. The solution is made according to the following formula:

Atropinæ sulphatis.....	0.01 gramme
Aquæ laurocerasi.....	20.0 grammes
Aquæ destillatæ.....	20.0 grammes

Absorbent cotton tightly wrapped around the end of a match [or wooden toothpick] is soaked in the solution and swabbed on the nasal mucous membrane, repeating every half hour at first, and then every hour if necessary, but not oftener than eight or ten times in the day. It is not advised to use the treatment where there is obstruction of the nasal passages.

THE CONTAGIOUSNESS OF FOLLICULAR TONSILITIS.—The contagiousness of follicular tonsilitis is pointed out by a writer in the *Journal of the American Medical Association*, for January 4, who advises treat-

ing it with the same local antiseptics and the same preventive measures against giving the disease to others as are used against diphtheria. It seems to be proved that many attacks of acute inflammatory rheumatism begin by the germ entering the system by the way of the tonsils, even if follicular tonsilitis is not present. On the other hand an apparently typical follicular tonsilitis often precedes rheumatic symptoms.

POTASSIUM PERMANGANATE AS A STYPTIC.—*The New York Medical Journal* has the following: Dzirne (*Vratchebnaya Gazeta* and *The Prescriber*) has succeeded in checking capillary oozing in operation on parenchymatous organs by applying to the orifice of the bleeding vessel a small crystal of potassium permanganate held with forceps. If there is general oozing from the surface he recommends making pressure with a compress of gauze dipped in crystals of permanganate. At the point of contact an eschar is formed upon the wounded surface, and the bleeding stops. The crystals are preferred to the powdered permanganate, because a smaller quantity can be used to produce the desired effect. The author has never observed any injurious effect from the permanganate.

THREE THOUSAND ETHYL CHLORIDE NARCOSES.—*The Medical Record*, in a synopsis of an article in a German Medical Journal, says: Herrenknecht, who has conducted three thousand anesthetics with ethyl chloride without any mishap, considers that when carefully used by those experienced in its administration it is the safest anesthetic at our disposal, not excepting laughing gas. In five cases of the series anesthesia could not be induced owing to the great restlessness of the patients while in the first stage of excitement. The action of the anesthetic may be divided into four stages: First, the pre-narcotic analgesic stage; second, the stage of excitement; third, the stage of deep sleep, and four, the post-narcotic analgesic stage. If the patient shows signs of awakening before the surgical procedure has been finished, a second anesthesia may immediately be begun, but in general for operations that are likely to consume more than five minutes it is preferable to begin with ethyl-chloride and continue with ether or chloroform. Operations requiring only half to one minute may be performed in the pre-narcotic stage. During this the patient is conscious, but has little or no sensibility to pain. Healthy persons are able to walk home alone immediately after the operation. An important observation is that during the anesthesia erotic delusions are often present, so that especially

in dealing with women it is desirable to have witnesses at hand. The author uses an Esmarch chloroform mask with an impermeable covering leaving an empty space between the covering and the flannel. A small circular opening is cut in the covering and through this the anesthetic is sprayed on the flannel. The edge of the rubber covering extends beyond the mask, so that it may be closely adapted to the features of the patient by the fingers of an assistant. Ordinarily 2-3 g. of ethyl chloride are sufficient to produce anesthesia, 5 g. being but rarely necessary.

ANNUAL LOSS DUE TO TUBERCULOSIS.—The Monthly Bulletin of the New York State Department of Health is authority for the statement that tuberculosis occasions the United States an annual loss of at least three hundred and thirty million dollars.

INCONSISTENCIES OF GAUZE PACK.—*The Journal of the American Medical Association* reports that: DR. HUBERT A. ROYSTER, Raleigh, N. C., said that a strip of gauze is simply a means of applying the law of capillary attraction. Rubber tube and tissue have been substituted, because the gauze so frequently fails to drain, acting as a successful stopper to the outlet. When intended for a drain, gauze should be inserted after the manner of a lamp-wick; when used for hemorrhage, it should be packed in like wadding with a ramrod. There is a field for gauze in packing sinuses, fistulæ and granulating wounds, so that healing may take place slowly from the bottom. The use of gauze to wall off septic matter in abdominal operations is fraught with danger. It necessitates a long incision, undue handling of the viscera, and almost always uninfected regions are in contact with pus-soaked gauze. Exposure of the peritoneum to gauze soaked with pus is just as dangerous as the presence of pus itself among the intestines.

RETURN CASES IN SCARLET FEVER.—The same journal quoting from *The British Medical Journal*, says: Habgood points out that of recent years it has been recognized that when "return cases" of scarlet fever occur, the discharged patient will be found to have some purulent or mucopurulent discharge. He thinks that many patients, when sent out free from any nasal discharge, may not at the time be infectious, but that the occurrence of an ordinary attack of nasal catarrh may renew the activity of a few quiescent scarlet fever germs.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE PASTEUR INSTITUTE AND HOSPITAL IN PARIS

To understand the Pasteur Institute in Paris one must read the Life of Pasteur, and surely there has been no more beneficent and beautiful life,—none more single-hearted and unselfish in the quest of truth and knowledge, in the purpose of reducing the ills from which living beings have suffered in the past through error and ignorance. Pasteur's biographer says of him "The work of Pasteur is admirable; it shows his genius, but one must have enjoyed his intimate friendship to know the extent of his heart's goodness." *

Pasteur was born in 1822, and twenty years later came to Paris to study chemistry. He is described as a grave, sincere, almost shy youth whose unobtrusive manners covered an immense enthusiasm and generous emotions. This great man, who was to revolutionize medical science and fight to the death an ancient and orthodox medical belief in the spontaneity of disease, never studied medicine. There were times when he regretted this, for many of his contemporaries were jealous of chemists and made him feel that he was not in the charmed circle. When he was elected Associate of the Academy of Medicine it was only by a majority of one. Some of the orthodox of that day had queer sacerdotal ideas;—there were those, for instance, who held that "physiology could not be of any utility in medicine, and was only a '*science de luxe*' which could perfectly well be dispensed with."

There were, however, others more awake, for another great man, Lister, who brought about the technical revolution in surgical methods, wrote to Pasteur in 1874 in a charming letter that his work had first aroused his—Lister's—attention to the germs of putrefaction, so that these two heroes of science may be regarded as having gone forward together.

Pasteur's work is divided by Vallery into three epochs, developing from his three great discoveries, namely: 1. Every fermentation is

* *La vie de Pasteur*, by René Vallery, Paris, 1900.

the product of the growth of a special microbe. 2. Every infectious or contagious disease is caused by the growth within the organism of a special microbe. 3. The microbe of an infectious malady, cultivated under certain fixed conditions, becomes attenuated in its noxious activity. From a virus it becomes a vaccine.

Thus Pasteur successively completed his studies in alcoholic fermentation, and lactic acid fermentation, which have been of such great benefit to industrial production; studied and solved the silk-worm disease, and then, impelled always by an intense love of humanity, turned his attention to virus-ferments and did his great work in the diseases of animals and men. Here again he met bitter opposition from the old school, who refused to admit any similarity between veterinary medicine and the treatment of human beings. The thought of anti-toxins was first his, and patiently and with confidence he carried on his experiments until he had perfected the serums with which to destroy dreaded infectious diseases of sheep, chickens, hogs, cattle, and, finally, of dogs and man.

The enormous economic value of Pasteur's discoveries was indicated by Huxley, who said that they had more than saved, up to his time, the sum of five billions paid by France to Germany in 1870. The work of Pasteur laid the ground-work of modern preventive medicine. He felt this, and wrote in 1877 to Bastian, one of his opponents:

Do you know why I consider it so important to combat with and to defeat you? It is because you are one of the special believers in the medical doctrine of the spontaneity of maladies, which is, in my opinion, fatal to the progress of the healing art.

His studies in spontaneous generation, with the famous resulting dictum "no life except from previous life" were begun in 1860. If, to-day, the researches of Dr. Loeb and others seem to be approaching a solution of the first alteration of inanimate matter into a living tissue, yet for practical purposes in the treatment of disease, in nursing, and in prevention of contagions, this dictum "no life except from previous life" will never be overthrown, and Pasteur himself always admitted, and with reverence, the mystery of the transformation of inorganic into organic matter, and this mystery he did not attempt to explain. His work was to show how infectious diseases might be robbed of their terrors, and how their mysteries might be explained. It was as a result of his investigations into hydrophobia that the first steps toward the Institute were taken. The Academy of Sciences had appointed a committee to examine the question, and it recommended the opening of an

institute for the treatment of rabies. The subscriptions opened were international, for these patients had been coming from all over the continent and even from America, and the Institute was opened in 1888. It rapidly became too small, and, in 1894, after a dynamic report read at Buda-Pesth by Dr. Roux, Pasteur's intimate pupil and colleague, upon the results of treatment of diphtheria by the serum of Behring and Kitasato, a fresh subscription was opened by the "Figaro" to establish a stock-farm for the manufacture of the diphtheria antitoxin. Subsequently, the Baroness de Hirsch gave the funds to enlarge the Institute by the erection of a new chemical laboratory, and an anonymous benefactress built a model hospital of one hundred beds for the treatment of contagious cases. Even yet, the Institute is not complete on all lines as indicated by the various studies inaugurated by Pasteur, but it will doubtless continue to develop, and in the meantime it is in the relation of a motherhouse to numerous similar "Pasteur Institutes" that have been established in many parts of the world. It is not under the control of the *Assistance Publique*, but has its own government. The hospital therefore is not in the group of municipal hospitals.

Pasteur is buried in the Bacteriological Building. His tomb stands in the midst of a vault somewhat resembling a small chapel. Its walls and ceiling are covered with mosaics which symbolize the works of the great master; on green fields wander the fowls, the sheep, the fat piggy, and the herds; the silk-worm weaves its cocoon and the vine with purple grapes decorates the border. On the ceiling are the allegorical figures of Faith, Hope, and Charity; and to them has been added a fourth figure—Science.

Over the entrance steps are the beautiful words of Pasteur:

*Heureux celui porte en soi un Dieu, un idéal de Beauté,
Et qui lui obéit.*

Idéal de l'Art, idéal de la Science,

Idéal de la Patrie,

*Idéal des vertus de l'Evangile.**

In the Bacteriological Building are the divisions for the treatment of rabies, and the laboratories for the preparation of antirabic vaccine from the brains of inoculated rabbits; rooms for the making of culture media, dark rooms for microscopic photography, a room for dissection

* Happy is he who bears within himself a Divinity, an ideal of Beauty, and who obeys it: ideal of Art, ideal of Science, ideal of Country, ideal of the virtues of the Gospel.

of large animals, and laboratories for agricultural *microbie*. There are also the extensive and perfectly equipped suites for original research work, under the direction of Metchnikoff, Chamberland, and Roux, and the suites for study courses in bacteriological technique, and the dispensaries for the different vaccines to immunize live stock against their most formidable diseases.

In the serumtherapy division all the wonderful antitoxins are made: that of diphtheria, of tetanus, of the plague, and the antistreptococcic serum. The use of the antitetanic serum is now obligatory in the army.

It is impossible for me to give even an outline of all the many departments and services of this temple of science, nor do I wish to describe the hospital for animals nor the colonies of the various animals, large and small. Vast and unspeakable as are the benefits conferred upon man and upon the animal world as well, by these researches of science, one feels more than ever convinced that experiments on animals should be regulated and supervised by the government or by special commissioners, with the severest scrutiny, and only permitted under the direction of men who, like Pasteur and his colleagues, are humane as well as scientific.

In spite of myself I could not restrain a sensation of horror in learning that under Metchnikoff's direction a search for an immunizing or curative serum against syphilis is now being conducted by experiments on monkeys. A disease whose cause is perfectly well known, and whose prevention lies in sexual morality—will not such a serum simply make immorality safe and remove the one deterrent that is most potent by removing the fear of disease?

I asked something of this kind, but the physician who was showing us about said "Think though that the greatest number of victims are innocent." Nevertheless, I insisted, medical men have been very guilty in not teaching physiological morality, and now they are only working at results, not at causes. He replied that Metchnikoff did insist upon the necessity of moral teaching, and that he was the chief promoter of moral instruction that is now, in France being widely given to young men in colleges and to boys in school. So far the results of this experimentation have been negative.

The Pasteur hospital is very beautiful and quite unique in its details. The walls of the corridors are of glass, through which one sees into the small individual rooms. The upper parts of the dividing walls are also of glass. Everything is of the most scrupulous surgical cleanliness and all appliances and fittings are of the very latest in hos-

pital perfection. The anonymous donor stipulated that the nursing service should be given to a religious order, and a staff of Sisters belonging to an Irish mother house, or at least of Irish extraction, has been placed there. The order is a comparatively modern one and the Sisters are practical nurses. The Mother Superior, before taking charge, went through the English hospitals and studied nursing methods,—so we were told by the Sister who showed us around, and who spoke her fluent French with the prettiest little touch of Irish brogue. The Sisters here do all of the real nursing themselves—there are no servant-nurses, though there are some lay-sisters for the cleaning. They wear full white linen gowns which completely cover their black habits, and an extremely pretty and becoming white headgear. In each patient's room hangs another gown, and on entering, the nursing Sister puts this on, and takes it off on leaving. The patients show that they are well cared for, and these Sisters are ready and willing to show their case histories and to explain about the treatment. It is evident that they have the real nursing spirit. I must close in quoting two sentences of Pasteur's which seem to me of universal application: "If I spent a day without work," he said once "I should feel as if I had committed a theft." And of theory and practice he said "Without theory, practise is only a routine given by custom."

ITEMS

The Nurses' Journal (organ of the Royal British Nurses' Association) calls the last attempts of the Hospital Central Committee to get the nurses in its grip "a moral and mental somersault."

Most of the English training schools, says *The British Journal of Nursing*, have lengthened their course of training to four years. At the Royal Edinburgh Infirmary a good set of post-graduate lectures has lately been established.

THE daily papers report the final exit of the Augustinian nuns from the Hotel Dieu of Paris, on January 15th, and *The British Journal of Nursing* describes a touching scene when they left, M. Mesureur having addressed them with great kindness and consideration.

THE latest numbers of *The German Nurses Journal* contain interesting accounts of Sister Karll's travels in behalf of organization, and the relation of the entire early growth of the modern movement in Germany—splendid material all ready for the third volume of the History of Nursing. The German Nurses' Association is now developing

local branches, and Cologne has an active center, closely affiliated with the central office in Berlin.

MISS PEARSE, the able and enthusiastic head of the London County Council Public School Nurses, has been called into conference with the consultation committee of the Board of Education, in regard to the age of admission for very young children. Miss Pearse is also to have in charge a nurse from Holland, who is being sent to London to study school nursing. It is gratifying to know that this is an outcome of the papers on School Nursing read last summer in Paris.

THE recent numbers of *La Garde-Malade Hospitalière* published in Bordeaux give a full list of all the notable persons who have visited the Bordeaux schools of nursing and that of Béziers. The list is indeed an impressive one, and contains many of the most important officials and men in public life in France. It is most encouraging to know that the admirable work in nursing reform in the south of France is receiving the careful scrutiny of governmental heads and of important physicians. A full account of the school at Béziers is also given,—interesting and valuable history.

THE report on nursing in Finland, read at Paris and given in this number, was one of the great successes at the Paris Conference and Mme. Mannerheim, the nurse in charge of the Surgical Hospital in Helsingfors, took all hearts by storm. She has written lately with much hopefulness of the nursing outlook in Finland. The association has issued its own Journal and various other good things are being planned, but the daily press gives sinister hints of impending political trouble for Finland, and a gloomy foreboding for that brave and enlightened country presses on our spirits. May it prove to be unfounded.

THE French Minister of War intends placing trained nurses in the military hospital of Val-de-Grâce, and has sent circulars to all the French schools announcing the conditions. They do not seem to us very well advised, nor promising for success, but time and experimentation will show. The nurses will be chosen from graduates of schools approved by the Minister. There is to be no superintendent of nurses, not even a head-nurse—a serious omission. Nurses cannot do their best when dropped into a hospital under the sole direction of physicians and military administrators, as we know by experience. There must be a woman head, proper grading of rank, and the ward management must be in the hands of a head-nurse, to give the best results. Military house-keeping is a fearful and a wonderful thing.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

BEST HELPS TO THE IMMIGRANT THROUGH THE NURSE

By LILLIAN D. WALD
Head Worker, Nurses' Settlement, New York

A PHASE of visiting nursing that to our "settlement mind" is not sufficiently emphasized in the training of the pupil nurses during their period of education is that relating to their great privilege to perform a large as well as a most modern service. They have unequalled opportunity, in certain conditions of the life and social surroundings of their patients in congested quarters, to help the strugglers on a foreign soil to understand the requirements of Anglo-Saxon law and order and to bring to them a conception of American ideals that will go toward creating among the immigrants a realization of what is good in American life. No district nurse who has intelligent perceptions and education has failed to recognize the potentialities for good in the simple stranger or has not felt it incumbent upon herself to translate into elementary terms the laws that affect the welfare of these patients of hers. On the other hand, it has seemed a golden opportunity lost when the nurse through failure of education on her part has been unable to point out the laws that touch the people in their daily lives and to explain the reasons for their enactment and the standard of the civilization the immigrant must face. What greater value can an intelligent nurse have who, going into the homes of the poor and having some knowledge of these laws, can explain them to the family with whom she comes in contact? She, as an educator,—for that we have long since called the district nurse,—must be also a believer in the enforcement of law, and if at times the laws seem to her unwise and to bring undue hardship in their enforcement, she can do no better service to society than to express her opinion to those people in her community who are more familiar with the law and who through her contribution as to its working may have further light upon its reasonableness.

CHILD LABOR LAWS.—As illustration: A nurse familiar with the laws of her locality that affect the labor or the education of the children would know that states advanced in protective and educational legislation have expressed a growingly high sense of society's obligation to the child. Generally speaking the standard of advanced communities requires that a child shall remain in school until fourteen and that the working papers (or permission to be employed) shall not be given unless the child is fourteen, and can present satisfactory proof of age and also of a minimum amount of education.* The idea underlying this is that the children are protected in the present and the future by their education. They are less helpless physically as well as economically if they have had a chance to grow and have not been cheated of their childhood.

HOUSING CONDITIONS AND SWEATED TRADES.—The conditions of tenement house industries involving older women who should be caring for their children, or stealing the school time of the children themselves for the sweated trades, or taking the all too limited home space for factory work is one other evil that should stir the questionings of the district nurse. There have been nurses—to them much gratitude is due—who have not been content with ineffective comment on the sanitation of the dwellings and the hygiene of the homes, but who have taken the matter seriously and have contributed valuable information gained through their wise and sympathetic interest in the patients living under such conditions. In large measure the same qualities of affection and interest and sympathy have enabled them to train and educate (according to American standards) the simple and unsophisticated among the families themselves.

MORAL PROPHYLAXIS.—Another phase of the social opportunities of the nurse is the occasion so often presented to her to talk frankly and wisely on the subject of sanitary and moral prophylaxis in sexual hygiene. The community is growing out of its false conventional attitude in relation to this most serious question, and no more far-reaching education can be given than intelligent knowledge of the danger that lies in neglecting this subject. The doctors have taken it up and have organized for the purpose of spreading truth among the laity as well as to stir up a sense of obligation among the physicians themselves.* Who more than the district nurse has the opportunity of unforced occasions for helping the mothers to deal with knowledge and delicacy with their sons and daughters?

* New York State Child Labor Regulation.

* Society for Sanitary and Moral Prophylaxis.

These suggestions are but few among the many far-reaching opportunities of the district nurse. They do require education in addition to the conscience which demands faithful responsibility for the physical welfare of the patients. Those conditions toward the improvement of which—if not the cure—the nurse may contribute, lie at the basis of our national and municipal life. They are not outside the nurse's duties or interests but form the very groundwork of them and are parallel in importance to all of her skill and training in the prevention of illness, which to-day we recognize as more fundamental and more important than mere ameliorative treatment. District nursing of to-day follows the tradition of its earliest conception. It has been used since the beginning of its history to carry propaganda as there has been always an enthusiastic belief in the possibility of the nurses as teachers in religion, cleanliness, temperance, cooking, housekeeping, etc. My argument loses none of its force, I think, if much of this education has seemed to her lost energy because with greater knowledge and wider experience she has learned that the individual is not so often to blame as she at first supposed, but while the district nurse is laboring with the individual she should also contribute her knowledge toward the study of the large general conditions of which her poor patient may be the victim. Many of these conditions seem hopelessly bad but many are capable of prevention and cure when the public shall be stimulated to a realization of the wrong to the individual as well as to society in general if such are permitted to persist. Therefore her knowledge of the laws that have been enacted to prevent and cure, and her intelligence in recording and reporting the general as well as the individual conditions that make for degradation and social iniquity are but an advance from her readiness to instruct and correct personal and family hygiene to giving attention to home sanitation and then to city sanitation—an advance from the individual to the collective interest. The subject is tremendously important, even exciting, and adds the glamor of a wide patriotic significance to the daily hard work of the nurse. The prevalence of tuberculosis, for instance, brings attention directly to conditions of industry and housing; next, to hours of work, to legal restrictions, to indifference to the laws, to possible abuse of the weaker for the benefit of the stronger.

It is a splendid vindication of the value of comprehensive education and stimulated social conscience that the district nurses who have had this vision of their office have been the most faithful and hard-working and zealous in their actual care of the sick. Look carefully over the daily records of their work and you will find that the best technical

nursing has been done, actual nursing that entails return visits to the patient and careful attention to professional detail, and that unremitting care, I take it, is because a wider vision makes for thoroughness as an all important educational, social and humanitarian necessity where the patients are concerned.

These opportunities that I have so slightly touched upon bear the closest relationship to the immigrants because they are the most helpless of our population and the most exploited; the least informed and instructed in the very matters that are essential to their happiness. The country needs them and uses them and it is obviously an obligation due them as well as a safe guarding of the country itself to give them intelligent conception and education of what is important to their and to our interests. This phase of district nursing is not remote from the duties already established by nurses in the exercise of their daily work. It is in the hope of an extension and expansion of these functions on their part as well as of a realization of what an educator in the homes of the immigrants may entail on the part of those who educate them and prepare the nurses for the district work that I present this brief paper.

ITEMS

PITTSFIELD, Massachusetts, is organizing a Visiting Nurse Association.

A Visiting Nurse Association was organized in Memphis, Tennessee, January 23rd.

THE Woman's Club of Pepperell, Massachusetts, is contemplating the support of a nurse.

MISS HEDWIG JOHNSON, graduate of the Evanston Hospital, Illinois, has been appointed to succeed Miss Warren as Visiting Nurse in Evanston.

THE CLEVELAND CLIFFS IRON COMPANY is about to establish a visiting nurse in connection with the welfare department of its plant at Ishpeming, Michigan.

A VERY interesting little book to visiting nurses is "The Queen's Poor" by Miss M. Loane, published by Edward Arnold, 41 Maddox Street, Bond Street, W., London.

MRS. QUINTARD, superintendent of the Philadelphia Visiting Nurse Association, has a notice on another page, that the position of assistant superintendent in that society is vacant.

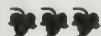
NEWS comes from St. Albans, Vermont, that the Woman's Club of that city supports a visiting nurse. A recent item in this department that the Hull House Woman's Club, Chicago, was the only club doing this, was an error.



HYOSCINE HYPODERMIC ANESTHESIA.—*The Annals of Gynecology and Pediatrics* has the following: The technic of this method (F. B. Kirby, M.D., *New York Medical Journal*,) is as follows: The patient is given a hypodermic injection of hyoscine hydrobromide, 1–100 grain; morphine hydrochloride, 1–4 grain; cactin, 1–67 grain. The room is preferably darkened, and the patient encouraged to go to sleep. One hour later, a second dose is administered, and a half hour later the operation may be begun; but if not completely “under,” a few drops of chloroform will suffice. The drug ingredients must be chemically pure. Scopolomine as used abroad is not identical with scopolomine in this country nor with hyoscine. In obstetrical work this method is most beneficial. Here half the dose is often sufficient, with the omission of morphine in the second dose. The first dose given at the onset of severe pains and the second at the beginning of the second stage. No untoward results have been observed. This anesthesia is too profound for minor surgery, and should be used with care at the extremes of life. In railway and other accidents where many are suffering pain, it will be of inestimable value. Here twenty-five or fifty people could receive preliminary pain-relieving treatment, while one was being cared for by ether anesthesia, and in the hour and a half necessary could be transported to a suitable place for care.

Thompson (*International Journal of Surgery*), speaking upon anesthetics, also refers to this method with commendation. He has tried it in obstetrics and also in a case of severe nervous headache or cranial neuralgia, with splendid result, one injection being sufficient. Relief was obtained in thirty minutes, the patient going into a profound sleep and awakening in six hours perfectly well.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

MY DEAR EDITOR: I have been asked to read a paper at the San Francisco Convention on "The sliding scale of charge: How shall we regulate it? Who shall regulate it?"

May I ask the readers of the JOURNAL, through your pages, for some information bearing upon this most important problem.

I will be glad if those nurses who reply will sign their names to their letters, though no names will be used; also I ask for information at once, as it will be *impossible for me to utilize any material which reaches me later than the middle of April.*

Will all nurses willing to furnish material be so good as to answer the following questions, rather briefly, numbering the answers.

1. In what state are you working?
2. What is your regular charge?
3. Do you ever work for less?
4. Do you keep regular accounts of your earnings and expenses?
5. What was your total income in the last year of which you have record?
6. How many weeks did you work?
7. How many weeks did you work for less than your regular charge?
8. When you were unoccupied was it from choice or because of a scarcity of work?
9. What does room rent cost you per year?
10. What does laundry cost you per month?
11. What does board cost you when off duty?
12. How much money do you plan to spend each year for nursing books and journals?
13. How much money do you lay by each year?
14. Are you contributing to the support of any one besides yourself?
15. Do you consider yours an average experience?
16. Tell me, very briefly, how you would answer the question which is to be the title of this paper.

Please mail replies direct to me and as it will be impossible for me to take time to acknowledge each one separately, please allow me to express my thanks now in advance.

GRACE HOLMES,
483 Clinton Avenue,
St. Paul, Minnesota.

DEAR EDITOR: A patient who is a lawyer told me some time ago that he had been instrumental in passing a bill whereby the R.N. of the nurse, like the M.D. of the doctor, shielded one from the necessity of divulging professional secrets, even in court. This was news to me and I have found it so to every graduate to whom I have mentioned it. I send you copy of this, hoping you will publish it in your valuable JOURNAL, if you consider it of sufficient value to the profession. I think it might be interesting at this time and be better understood, having been illustrated every day in the Thaw trial.

The pronoun "he" in all legal papers includes feminine as well as masculine gender, so the article is not to be construed as applying only to male nurses.

The lawyer tells me also, that a nurse who claims to be a graduate of a school registered under the University of the State of New York, or otherwise represents herself to be a registered nurse when she is not, is liable to the same legal action she would incur by signing R.N. after her name.

C. B. C., R.N.

Code of Civil Procedure §834, Am'd, 1904, 1905.

Physicians or professional registered nurses not to disclose professional information.

"A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient, in a professional capacity, and which was necessary to enable him to act in that capacity; unless where the patient is a child under the age of sixteen, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurses may be required to testify fully in relation thereto upon any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry.

§836 (Am'd 1893, 1899, 1904).

Applications of the last three sections.

The last three sections apply to any examination of a person as a witness unless the provisions thereof are expressly waived upon the trial or examination disclose any information as to the mental or physical condition of a patient who is deceased, which he acquired in attending such patient professionally, except confidential communications and such facts as would tend to disgrace the memory of the patient, when the provisions of section eight hundred and thirty-four have been expressly waived on such trial or examination by the personal representatives of the deceased patient, or if the validity of the last will and testament of such deceased patient is in question by the executor or executors named in said will, or the surviving husband, widow or any heir-at-law or any of the next of kin, of such deceased, or any other party in interest.

In an action for damages for a personal injury, the testimony of a physician or surgeon or a professional or registered nurse attached to any hospital, dispensary or other charitable institution, as to information which he acquired in attending a patient in a professional capacity, at such hospital dispensary, or other charitable institution shall be taken before a referee appointed by a judge of the court in which such action is pending; provided, however, that any judge of such court at any time in his discretion may, notwithstanding such deposition, order that a subpoena issue for the attendance and examination of such physician or surgeon or professional or registered nurse, upon the trial of the action. In such case a copy of the order shall be served together with the subpoena.

The waiver herein provided for must be made in open court, on the trial of the action, or proceeding, and a paper executed by a party prior to the trial, shall be insufficient as such a waiver.

[This statute has been referred to in the JOURNAL before, but has never been given in full.—Ed.]

DEAR EDITOR: In the JOURNAL of this month, I notice a request for some history of the clinical thermometer and I am sending you a little ancient history I have on the subject.

“The first use and the first accurate description come from Leurecheon, in 1624, but the real inventor of the instrument was Galileo between 1592 and 1597. This is proved, not from any state-

ments of the inventor, but from letters written *to* him and the proof is complete. This first thermometer consisted of a bulbed tube, inverted in colored water, in which the liquid rose and fell with temperature of the bulb. In 1632 Dean Rey made a water thermometer, in which the expansion of the fluid replaced that of air, and not long after this Ferdinand II of Tuscany, by sealing the top of the tube, gave approximately the modern form to the instrument.

In 1714 Fahrenheit constructed the first mercury thermometer, with a reliable scale. Reaumur was the first to use the melting point of ice for zero. The first to adopt 0° and 100° for the two points was Celsius, which was finally changed to the centigrade scale."

You may have much better historical facts sent you about this common little instrument, which we all use so much—but there may be something here to help.

EMMA J. KEATING, R.N.



WHO IS INTERESTED IN THIS INTERNATIONAL CONGRESS OF TUBERCULOSIS?

THE Federal Government is interested. There are nine departments in the United States Government, and seven of them will participate in the Congress.

The State Governments are interested. There are forty-six states, and every state has its own committee. Thirty-seven of these state committees are at work. In thirty of these states the governors have expressed their interest in the Congress, and many of them have given most explicit instructions asking all the municipalities and other local governments, and the voluntary agencies, to combine for the purpose of securing to the state the utmost possible benefit from this International Congress. How does your Governor stand on this matter?

Foreign countries are interested. The following countries have been heard from and will be represented: Great Britain (including her more important provinces and colonies), France, Spain, Italy, Germany, Switzerland, Holland, Belgium, Denmark, Sweden, Norway, Russia, Austria, Hungary, Bulgaria, Greece, Argentine, Brazil, Uruguay, Chile, Colombia, Ecuador, Guatemala, Peru, Venezuela, Porto Rico, Cuba, Hawaii, Japan.

Are you interested? Do you want to see the preliminary announcement? Ask some member of your State Committee about it, or else write to the Secretary-General, 714 Colorado Building, Washington, District of Columbia.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE ASSOCIATED ALUMNÆ MEETING

THE eleventh annual meeting of the Nurses' Associated Alumnæ of the United States will be held in San Francisco, California, May 5 to 8, 1908. The meetings will be held in Golden Gate Hall, 2137 Sutter Street, an auditorium with good acoustic properties, accommodating seven hundred people, and with dressing and committee rooms attached.

REGISTRATION

On Monday, May 4th, from three to five P.M., and on Tuesday, May 5th, from nine A.M. till noon, the treasurer and secretary will be found in one of the committee rooms of Golden Gate Hall to receive dues and to register delegates, permanent members, and visitors. Delegates should plan to reach San Francisco not later than Monday afternoon.

MEETINGS

The first meeting will be held on Tuesday, May 5th, at two P.M., when addresses of welcome and responses will be heard, and the president's annual address will be given.

On Wednesday, May 6th, at ten A.M., there will be the roll call and every delegate should be present to respond for her association. After this, reports of officers and of committees will be read, and then some very interesting papers on the general topic "The Nurse in Preventive Medicine." Under this heading will be taken up such subjects as "The Nurse in the Public School," "Tuberculosis Dispensaries," and "Childrens' Clinics," followed by a discussion. Every delegate is asked to come prepared to tell what her association is doing along the lines of public health, preventive medicine, and almshouse nursing. The morning will close with a paper on Red Cross work.

On Wednesday afternoon, the topic will be "The Curriculum," with such sub-headings as "What is Being Taught and Why?" "Visiting Nursing as a Part of the Course," "Nursing of the Insane as Part of a Three Years' Course," "Duty of Training Schools in Preparing Young Women to Take Part in the Anti-Tuberculosis Campaign." Other subjects will be "The Home Life of the Pupil Nurse,—Existent and Ideal Conditions," "Self Government in Nurses' Homes."

Thursday will be given up to papers related to private duty, beginning with one on "Club Houses and Registries." "The Question of a Nurse's Charges" will follow, with "The Responsibilities of the Private Duty Nurse

in the Work of Local and State Associations," followed by a fine group of papers on practical nursing subjects.

Friday will be devoted to association work. The Inter-state Secretary's report will begin the day, and papers will be given on "The Effect of Registration on the Profession and on the Individual," "Difficulties of Examining Boards," "Work of the State Association after Registration has been Secured," "Progress of Registration in Foreign Lands."

There will be a question-box to fill in intervals not otherwise occupied, and every association is asked to send by its delegate some question which will arouse interesting and useful debate.

ACCOMMODATIONS

The St. Francis Hotel, Geary and Powell Streets, has been selected as headquarters, and most reasonable rates have been secured. For two in a room, with a bath, two dollars and a half each. Without a bath, one dollar and a half each. These prices do not include meals. The California nurses send word that it will be necessary to secure rooms as far in advance as possible, and those who know they are going should apply at once. Address Miss S. Gotea Dozier, 4 Steiner Street, San Francisco.

RAILROAD ARRANGEMENTS

No reduction in rates has been secured, as a sufficiently large attendance cannot be guaranteed, though every effort for such consideration has been made. All that is offered is a "nine months' tourist ticket," which is, as its name indicates, good for nine months; it has very broad stop-over privileges, it may be used with either Pullman or tourist sleepers, and the person purchasing it can go by one road and return by another.

PRICES OF TICKETS

From Chicago to San Francisco and return.....	\$110.00
From Omaha, Kansas City, to San Francisco and return.....	90.00
From St. Louis, Memphis, New Orleans, to San Francisco and return	102.00
From St. Paul and Minneapolis to San Francisco and return..	105.00
From New York (via N. Y. C or Penn. R. R. to Chicago) to San Francisco and return.....	148.20
From New York (via Lehigh Valley, Wabash, or Nickel Plate to Chicago) to San Francisco and return.....	143.70
From Boston to San Francisco and return.....	149.80
From Washington, D. C., to San Francisco and return.....	138.80
From Philadelphia (via Penn. R. R. to Chicago) to San Fran- cisco and return	145.05
From Philadelphia (via Baltimore and Ohio) to San Francisco and return	142.80

PULLMAN CAR RATES

New York, Philadelphia, Washington, to Chicago.....	5.00
Boston to Chicago	5.50
Chicago to San Francisco.....	14.00

TOURIST CAR RATES

Chicago to San Francisco..... 7.00

A tourist car is like a Pullman, except that it has rattan-covered seats. The berths are comfortable and the bedding is clean. These cars have good porters and are clean when they start but when used by the general public they do not always stay clean. It is hoped that enough delegates will start from Chicago together to take one or two tourist sleepers and fill them.

OFFICIAL ROUTE

As no special rates are given, no party will be formed. Each delegate must decide for herself what route she will take and what arrangements she will make. The railway officials, whose addresses are given later, will be glad to furnish any information. The officers of the Associated Alumnæ have made the following plans for their own journey and will be glad to have others join them if they wish.

They will travel by the Rock Island Road, in a tourist sleeper, using the following itinerary:

Leave Chicago, LaSalle Street Station, Rock Island Road, Sunday, April 26, 10.32 P.M.

Reach Denver, April 28, 8 A.M. Stop-over of one day.

Reach Colorado Springs, April 29, 10.45 A.M. Stop-over of one day.

Reach Salt Lake City, May 1, 12.50 noon. Stop-over of one day.

Reach San Francisco, Sunday, May 3, 7.28 P.M.

There will be no hotel expense during the trip as the sleeper will be used at night at stop-over places. The price of the sleeper for each person will be about ten dollars.

Those wishing to take this trip should send their names and addresses to one of the Rock Island officials, specifying the Associated Alumnæ trip,—Mr. A. B. Schmidt, 91 Adams Street, Chicago, or Mr. R. S. Graham, 401 Broadway, New York City. Through these officials tickets can be purchased and all arrangements made.

Should a large party of nurses be leaving any city east of Chicago together, it may be better to secure the exclusive use of a Pullman car to Chicago. This can be done if there are as many as fifteen, without additional charge. Arrangements will be made through Mrs. Twiss.

MEALS

It must be distinctly understood that prices of meals are not included in any of the above rates. Dining cars, with meals served a la carte, accompany both Pullman and tourist sleepers and there are lunch rooms along the way where stops are made. The tourist sleepers furnish boiling water for the making of tea or coffee, and lunches can be taken.

“SEEING CHICAGO.”

The Illinois State Association of Graduate Nurses wishes to show every possible courtesy to nurses passing through Chicago en route to San Francisco,

and has appointed a committee for this purpose. Inquiries as to lodgings and the best way of employing the time at one's command should be addressed to Miss Helena McMillan, Presbyterian Hospital, the chairman of the committee.

RETURN JOURNEY

There will be no attempt made to bring a large party home together, as there are so many different routes to be taken and some will wish to stay on the coast for a time. We suggest the following for return routes.

The Santa Fe. This takes a southern route, going by way of Santa Barbara, Riverside, Los Angeles, and a stop can be made at any of these places or at the Grand Canon, reached by way of Albuquerque. This requires a stop of two nights and a day. Mrs. Virginia Coddington, a nurse living in Gallup, New Mexico, suggests that from that place trips can be made to the Navajo and Zuni Indian reservations. She will be glad to send information to any desiring it.

The Burlington. This takes one through the mountains and gorges of Colorado or along the Mississippi River for a way.

The Northern Pacific and Canadian Pacific charge fifteen dollars more for the return ticket, the amount required for the trip to Portland where they start. The Northern Pacific takes one near the Yellowstone Park, available for those staying as late as June 15th, its date of opening. In the January JOURNAL the statement was made that a camping party to the Yellowstone would be conducted by Miss Sly, and she has received many inquiries on the subject. Her letter to the JOURNAL was misunderstood. She intended to recommend such a camping trip as one she had proved to be pleasant, but not to give the impression that she would conduct it. The Canadian Pacific is built through the magnificent mountain country of the northwest.

TWENTY-FOUR DAY TRIP

The Northwestern Road offers a very interesting and not expensive twenty-four day trip, which can be taken if as many as eighteen desire it. A tourist car will be taken and used as a sleeping place at all stop-over places except San Francisco. It will be personally conducted by a responsible travelling agent of the Northwestern road, who will make all arrangements during the journey and, if desired, accompany the party to points of interest at stop-over places.

The proposed itinerary is as follows:

Leave Chicago, Thursday, April 30, 10.35 A.M. Northwestern Station.

Reach San Francisco, Monday, May 4, 12.48, noon.

Leave San Francisco, Saturday, May 9, 8 P.M.

Stop at Santa Barbara one day.

Stop at Los Angeles nearly four days.

Stop at Riverside one day.

Stop at Salt Lake City on Sunday when the wonderful music can be heard.

Stop at Glenwood Springs one day.

Stop at Colorado Springs one and one-half days.

Stop at Denver one and one-half days.

Reach Chicago, Sunday, May 24, 8.30 P.M.

The cost of this trip will depend upon the number of persons taking it. The price of the railroad ticket will be exactly the same as those given above, but the cost of the car, if eighteen people go, will be about thirty-three dollars apiece, from Chicago to Chicago. If twenty-five people go, the cost would be reduced to twenty-four dollars each, and every additional person would reduce the cost correspondingly. The car will hold thirty-two people or, if two occupy a berth, sixty-four people. If this trip is made, some of those going on might share the going journey on which no stop-overs are made. All inquiries as to this trip should be addressed to Mr. P. J. Brady, 301 Main Street, Buffalo, New York.

In conclusion, it should be remembered that each purchaser of a ticket should buy the nine months' tourist ticket from the point of starting, indicating by which route she will go and by which she will return.

It is estimated that the whole expense of the trip, railroad, sleeper, meals, hotel in San Francisco, etc., may amount to two hundred and fifty dollars. No one should attempt to go without this amount to fall back upon. It is possible that there may be some rates on the Southern Pacific railway for the benefit of California nurses.

A duplicate of these instructions will be mailed to each affiliated association.

COLONISTS' RATE

For any one wishing to get stop-overs going, but none returning, it is possible to get a colonists' rate ticket, which costs thirty-eight dollars from Chicago to San Francisco, and to pay the regular rate returning, forty-nine dollars, making the round trip eighty-seven dollars. The colonists' ticket cannot be purchased after April 30, and cannot be used with a Pullman sleeper.

Any further inquiries about points which do not seem quite clear may be addressed to one of the members of the transportation committee: Miss Mary C. Stewart, 438 LaSalle Avenue, Chicago; Miss Mary L. Sweeney, 2129½ Geary Street, San Francisco; Mrs. C. V. Twiss, 419 West 144th Street, New York City.

KATHARINE DEWITT, R.N., Secretary.

REPORTS OF STATE ASSOCIATIONS

At the meeting of the Associated Alumnae in San Francisco all reports from affiliated state societies are to be condensed, the same as last year, and incorporated in the report of the Inter-State Secretary.

A personal request has been made to forward a brief report of the work accomplished by each state since the Richmond meeting to Miss S. E. Sly, 184 South River Street, Wilkes-Barre, Pennsylvania, not later than March 1st. Important items of interest occurring later can be forwarded to Miss Sly at Birmingham, Michigan, after April 1st.

All societies are requested to send a complete set of blank forms, and all kinds of printed matter in use by the state officers, to be exhibited at the San Francisco meeting.

ANNIE DAMER, R.N., President,
Nurses' Associated Alumnae.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS
FOR NURSES

THE Fourteenth Annual Convention of the Society of Superintendents of Training Schools for Nurses will be held in Cincinnati, Ohio, at The Linton Hotel, April 22nd, 23rd and 24th.

A program has been arranged by the Council which it is believed will be interesting and practical. Miss M. H. Greenwood, President, is also chairman of the Committee of Arrangements and it is probable that all details will be completed in time for announcement in the next number of the JOURNAL.

G. M. NEVINS, Secretary.

CONNECTICUT STATE MEETINGS

THE annual meeting of the Graduate Nurses' Association of Connecticut will be held in Bridgeport, May 6, 1908.

INDIANA STATE MEETING

A meeting of the Indiana State Nurses' Association will be held at Fort Wayne on March 27th and 28th. Miss Isabel McIsaac will give an address on the subject: "What Work Shall the State Societies Do after Registration is Secured?"

E. M. WEAVER, Chairman Arrangements Committee.

A NEW CLUB HOUSE

THE Alumnae of the New York City Training School for Nurses have opened a club house and registry at 1185 Lexington Avenue, New York, where the registrar, Miss Yocom, will extend a hearty welcome to all friends.

REPORT OF HOSPITAL ECONOMICS ENDOWMENT FUND

Previously acknowledged \$4585.20

Received Since Last Month's Report

From Miss Davids, Treasurer Associated Alumnae:

Connecticut Training School Alumnae Association.....	\$22.00	
Virginia State Graduate Nurses' Association.....	55.00	
Missouri State Nurses' Association.....	560.00	
		637.00

From other sources:

St. Luke's Hospital Alumnae Association, New York...	300.00
Miss M. Moody, Colorado.....	5.00
Miss Edith Ambrose	5.00
Miss Clara L. De Ceu.....	10.00
Graduate Nurses, State of Pennsylvania	100.00

Alumnæ Association, Protestant Episcopal Hospital Philadelphia	100.00
Alumnæ Association, St. Luke's Hospital, Richmond....	25.00
Michigan State Nurses' Association.....	560.00
	<hr/>
	1105.00
Total to date.....	\$6327.20

We wish to make particular mention of the very large contributions made by the two state societies, of Missouri and Michigan respectively, and to state that the latter sum is contributed as a memorial to Miss Mary E. Smith, of Hamilton, Ontario, who died in March, 1907. Miss Smith was a graduate of Harper Hospital and a charter members of the state society. The Treasurer of the society informs me that at its first annual meeting, in March, 1905, Miss Smith secured the pledge of the society to raise five hundred dollars for the course in Hospital Economics. The society and Miss Smith's family now contribute five hundred and sixty dollars as a memorial to her.

The following errors were made in last month's report:

The sum of one hundred dollars acknowledged as a contribution from the Children's Hospital Alumnæ, Washington, should have read from the Graduate Nurses' Association, Washington.

Miss Rogers' contribution of twenty dollars included five dollars from Miss McKeel.

Itemized account of contributions received through Miss Davids and acknowledged in last month's issue:

Allegheny General Hospital Alumnæ Association.....	\$52.00
Brooklyn Hospital Alumnæ Association.....	50.00
Blessing Hospital Alumnæ Association.....	25.00
Battle Creek Alumnæ Association.....	115.00
Cleveland Graduate Nurses' Alumnæ Association.....	25.00
Connecticut State Association	50.00
Germantown Hospital & Dispensary Alumnæ Association.....	25.00
Grant Hospital Alumnæ Association.....	25.00
Indianapolis Graduate Nurses' Association	100.00
Illinois State Nurses' Association.....	100.00
Lakeside Hospital (Cleveland) Association.....	50.00
La Fayette (Ind.) Graduate Nurses' Association.....	25.00
Mt. Sinai Hospital Alumnæ Association.....	100.00
Massachusetts State Nurses' Association.....	100.00
New England Hospital for Women & Children Alumnæ Associa- tion	25.00
New York City Training School Alumnæ Association.....	100.00
New York State Nurses' Association.....	250.00
Roosevelt Hospital Alumnæ Association.....	50.00
Wesley Hospital Alumnæ Association.....	50.00
Miss Alice V. Aherne	3.00
Miss Elizabeth Burgess	3.00
Mrs. N. F. W. Crossland	3.00
Miss Matilda E. Decker	5.00

Miss Agnes G. Deans	2.00
Miss N. Gillette	3.00
Miss May Gentry	3.00
Miss Ida F. Giles	3.50
Miss E. E. Golding	3.00
Miss Jeanie Jordan	5.00
Miss S. F. Palmer	5.00
Miss A. E. Reece	3.00
Miss Mary B. Sollers	3.00
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	\$1361.50

It is impossible to take up further space this month with any account of the work of our students, but I do not like to wait until another issue to speak of a new phase of our work. The opportunity which we have so long desired for our students, of obtaining some knowledge at first hand of the house-keeping departments, has now, through the generosity of the authorities at St. Luke's Hospital, been opened to us; and two students of the senior class, Miss Katherine Decker and Miss Anna Hayes, are permitted to go three mornings in the week, from nine to twelve, to assist in the general kitchen, the linen room and the laundry, and to study the workings respectively of these departments.

In a later number I hope to be able to give some outline of the work which the students are doing.

M. A. NUTTING,
Chairman of Finance Committee.

STATE MEETINGS

CONNECTICUT.—The Graduate Nurses' Association of Connecticut held its regular meeting at the Hotel Green, Danbury, Connecticut, on Wednesday, February 5th. Miss R. Inde Albaugh of Grace Hospital, New Haven, presided. Dr. Bailey opened the meeting with prayer and an address of welcome.

The routine business was quickly disposed of, and the subject matter of the meeting, District and Visiting Nursing, was most admirably handled by Miss Van Cleft, district nurse for the country district around Lakeville, Connecticut, and Miss Wilkinson, district nurse of Hartford. Miss Van Cleft, formerly of the Henry Street Settlement, New York, contrasted the work of the visiting nurse in the city and in the country, giving a bright interesting word picture of what a day's work in each place might be.

Miss Wilkinson gave some statistics concerning district nursing in Connecticut, describing the development of the present management of various societies, and the nature and scope of the field of work in Hartford. Bright stories of her own and her assistants' experiences added to the interest and enjoyment in her talk.

A question-box with open discussion followed. This feature is proving to be an interesting and valuable one in the meetings.

The arrangements for the meeting were in charge of Miss Gallagher, local

councilor of the state association and were most excellently carried out. The splendid equipment and service of the new Hotel Green were at the disposal of the association and were greatly appreciated.

A formal vote of thanks was tendered Dr. Bailey and the Danbury nurses for their hospitality.

MARYLAND.—The Maryland State Association of Graduate Nurses held its Fifth Annual Meeting on the afternoons of January 30th and 31st, in Arundell Hall, Baltimore. There was a large attendance at both meetings.

The first session opened with prayer by the Rev. John Timothy Stone. The president, Miss Packard, made an address in which she laid special stress upon the duty of the nurses to uphold the standard of the state society, pointing out what every nurse should realize, that the state organization of nurses is the logical and the only body which can protect our bill from attacks. These we must expect and prepare for, and if we value our right to be known as registered nurses we must see to it that we have a competent body to protect that right. Miss Packard also prophesied the establishment of a national association made up of the different state societies, and advised a certain general uniformity of constitutions and by-laws so that when the time for reciprocity between the states comes it shall not be as difficult to secure as it seems to be for the medical profession.

Some business followed the president's address. Reports were heard from the committees, and an interesting paper was read by Miss V. M. MacLellan, R.N., Johns Hopkins Hospital Alumnæ, on "The Serum Treatment for Cerebro-Spinal Meningitis." This was followed by an able and forcible address by Dr. Edith Houghton Hooker on "Social Hygiene." The meeting then adjourned for tea served by the Maryland Homeopathic Hospital Alumnæ and the Church Home and Infirmary Alumnæ.

The second session was an open meeting and was very largely attended. Most excellent papers were read on the following subjects: "Psychology and Nursing" by Miss Mary Cloud Bean, R.N., President of the Johns Hopkins Hospital Alumnæ Association; "Some Phases of Tuberculosis Work" by Miss Ellen N. LaMotte, R.N., Tuberculosis Nurse, Instructive Visiting Nurse Association; "THE AMERICAN JOURNAL OF NURSING" by Miss Sophia F. Palmer, Editor-in-Chief, AMERICAN JOURNAL OF NURSING. "The Cultivation of a Healthy Mind" by Dr. Lewellys F. Barker, Physician-in-Chief, Johns Hopkins Hospital, was listened to with great interest. It was an illuminating and inspiring address pointing the way to nursing and character building in nurse and patient that left much food for reflection. The association felt the honor of listening to such a notable address.

The returns were then read announcing the election of the following officers: President, Miss Sara E. Parsons; vice-presidents, Miss Georgina C. Ross, Miss Sarah F. Martin; secretary, Miss Amy P. Miller, 149 W. Lanvale Street; treasurer, Miss Nannie J. Lackland, 201 W. Madison Street. Members of the Board for two years: Misses Mary C. Packard, Mary E. Lent, and Alice M. Woodward. Members of the Board for one year: Misses Mary B. Dixon, Nettie L. Flanagan, and Elizabeth Bosley.

AMY P. MILLER, R.N. Secretary.

MASSACHUSETTS.—The Massachusetts State Nurses' Association has been federated with the Massachusetts State Federation of Women's Clubs, and was given formal recognition at the quarterly meeting of the Federation held in Winchester, on February 8, 1908. Miss Riddle, the president, in a brief address, spoke of the object for which the state association was organized.

ESTHER DART, Secretary.

[The Massachusetts Nurses had a hearing on February 13th before the legislative committee on public health at which three hundred nurses were present. It seems probable that the bill as presented, with some amendments, may pass the legislature. Ed.]

MICHIGAN.—The executive board of the Michigan State Nurses' Association held a meeting in Saginaw January 30th. The members were the guests of the Saginaw General Hospital for two days.

Miss Agnes G. Deans was authorized by the board to remain in Saginaw for the purpose of organizing a county association for nurses. A meeting was arranged for at three P.M., February 4th. Twenty nurses responded to the call which brought together representatives of training schools of Toronto, Buffalo, Detroit, Grand Rapids, and all the local hospitals. A committee was appointed to draft a constitution, and it is hoped the long felt need of a county association in Saginaw will soon be a reality.

REGULAR MEETINGS

NEW HAVEN, CONN.—The next monthly meeting of the Connecticut Training School Alumnæ Association will be held at the Nurses' Club, 16 York Square. Miss Rose M. Heavren will go as delegate to the meeting of the Associated Alumnæ in San Francisco.

NEW YORK, N. Y.—At a meeting in January the following officers were elected by the Mt. Sinai alumnæ; President, Miss Newman; vice-president, Miss R. Brannen; treasurer, Miss Shelliday; recording secretary, Miss Carrell; corresponding secretary, Miss E. N. Underwood, 54 Morningside Avenue.

COLORADO SPRINGS, COLO.—The monthly meeting of the Colorado Springs Nurses' Registry Association was held in Grace Church Parish House on February 5th. Miss L. L. Hudson was elected unanimously to succeed herself on the State Board of Nurse Examiners, as representative from Colorado Springs, and her name was sent to the governor for his favorable consideration.

JACKSON, MICH.—The graduate nurses of the Jackson Hospital Training School met on November 18th, and organized an alumnæ association. The officers are: President, Miss Mary Kurfess; vice-president, Mrs. Ella Chivers;

secretary, Miss Gertrude M. Lee, 119 Orange Street; treasurer, Miss Leuria Watson. In January the association met with the vice-president; and in February, with the secretary.

PHILADELPHIA, PA.—The regular monthly meeting of the *alumnæ* association of the Protestant Episcopal Hospital was held in the Nurses' Home, February 4th. After the usual routine business, Mrs. N. F. Crossland was elected delegate to the Nurses' Associated *Alumnæ* of the United States to be held in San Francisco. To meet the extra expense entailed, the executive committee has ordered an assessment of one dollar per member, same to be paid to Miss Ellen Lees, treasurer, St. Timothy's Hospital, Roxborough, Philadelphia.

DAYTON, OHIO.—The graduate nurses' association of Dayton and vicinity held its monthly meeting at the Memorial Home, January 15th. The report of the registrar of the new directory was very encouraging. Papers on district and hourly nursing were read; and refreshments were served.

CINCINNATI, OHIO.—On January 15th, the fifteenth annual meeting of the nurses' *alumnæ* association of the Cincinnati Hospital was held at the nurses' home, and the officers for the following year were elected. Also, the first steps were taken toward creating an endowment fund to provide a permanent bed for sick graduates of this school, each nurse being assessed the required amount. A committee was appointed, with full power to act, and a much desired object is being finally achieved. The evening closed with a banquet in the dining room of the Cincinnati Hospital.

FALL RIVER, MASS.—At the regular monthly meeting of the *alumnæ* of the Fall River Hospital on February 5th, Dr. George L. Richards gave an interesting talk on the hospitals he had visited in Europe. Tea and a social half hour followed.

BROOKLYN, N. Y.—The regular monthly meeting of the Long Island College Hospital Training School *Alumnæ* Association was held at the Registry, 128 Pacific Street, February 11th. After the business meeting Dr. Frederick Tilney of Brooklyn gave a very interesting talk to the nurses on "Diseases of the Nerves and the Nursing of Nervous Patients."

The meeting was well attended.

BROOKLYN, N. Y.—The annual meeting of the Brooklyn Hospital Training School *Alumnæ* was held February 4th. The following officers were elected for the coming year: President, Mrs. Kelly; first vice-president, Miss Buchanan, R.N.; second vice-president, Miss Finneran, R.N.; recording secretary, Mrs. de Zouche, R.N., re-elected; corresponding secretary, Miss Kerr, R.N.; treasurer, Miss Holt, R.N., re-elected; director, Miss Rothermund, R.N.

PERSONALS

MISS LILLIAN WALD, of the Nurses' Settlement, New York, is taking a trip to the Bermudas.

MISS IDA R. PALMER, a graduate of the Newport Hospital, who has been doing private nursing in Newport, has gone to Kalaspell, Montana.

MISS MARTHA J. WILKINSON, of Hartford, has received an appointment on the state board of examiners of Connecticut, in place of Miss May Love, of Norwich, resigned.

MISS MARY JEAN HURDLEY, class of 1898, Farrand Training School, Detroit, will leave her position as assistant principal of the City Hospital, Washington, Penn., in April, and will return to Cleveland, Ohio.

MISS CHARLOTTE EASTWOOD, a graduate of Bellevue Hospital, New York, and for several years Superintendent of the Toronto Branch of the Victorian Order of Nurses, has been appointed to succeed Miss Allen as Chief Lady Superintendent at Ottawa.

MISS SARA L. COOK, a graduate of the Flower Mission Hospital of Indianapolis, has resigned her position as superintendent of Culver Hospital, Crawfordsville, Indiana, and will go to Seattle to spend a year. She is succeeded by Miss Anna Rogers, temporarily.

MISS VIOLET BENNER, who has been doing visiting nurse work in Saginaw for tuberculous patients for two years, has resigned to accept a more lucrative position in Rivers Pines Sanitarium, Stevens Point, Wisconsin. Her successor is Miss Mary C. Fletcher of Grand Rapids.

MISS SMEDLEY, for many years superintendent of the Western Hospital, Toronto, resigned her position on account of her approaching marriage. On the evening of December 11, 1907, a farewell reception was given in Miss Smedley's honor, on which occasion she was presented with a cabinet of solid silver by the Ladies' Board, and with a solid silver tea-service by the Board of Governors.

MISS CAROLINE RIEDLE, class of 1884, Illinois Training School, Chicago, is now matron of the Pasadena Hospital. Miss Louise Murphy, class of 1900, has accepted the position of resident nurse in a girls' school at Morristown, New Jersey. Miss Elsie Schlund, class of 1907, is assistant superintendent of the Southern Infirmary Training School, Mobile, Alabama. Dr. Frances Cantrall Hawkins, class of 1887, has accepted the position of superintendent of the Shreveport Sanitarium, Louisiana.

MISS JULIA STEWART, Toronto General Hospital, Class of 1893, has accepted a position as office nurse in Dr. Herbert Bruce's office. Miss Elizabeth Davidson, class of 1905, has been appointed superintendent of McKellar Hospital, Fort William, Ontario. Miss Lillie Lindsay, class of 1905, has succeeded Miss Merab Allen as head nurse of the maternity department. Miss Jeannette Neilson, class 1897, has been appointed by the City Board of Health, nurse in charge of district work among tuberculous patients in Toronto.

MISS MAY WHITE, a graduate of Mercy Hospital, Chicago, has gone to Watertown, New York, to take charge of the training school for nurses connected with St. Joachim's Hospital. Miss Grace O'Brien, Class of 1905, has gone to Santa Barbara, California, to take charge of the Quisesana Hospital. Miss Mary Welch, Class of 1907, has accepted the position of assistant to Sister Mary Ignatius at St. John's Hospital, St. Louis, Mo. Miss Bru Kelly, Class of 1903, has accepted a position as superintendent of nurses at Mercy Hospital, Garey, Indiana. Miss Margaret Hutt, Class of 1905, is superintendent of the Kenosha Hospital, Kenosha, Wisconsin. Miss Henrietta McCarthy, who has been at her home in Canada for the past year, has returned to Chicago to do private nursing.

ON January 1st, Miss Martha A. O'Neill resigned her position as superintendent of the King's County Training School, Brooklyn. Miss O'Neil was the founder of the school and has given ten years of faithful, productive service to it. She has brought the school from what seemed like impossible conditions to rank with the best. She is a woman of fine character, of unusual teaching ability, and of a retiring disposition which has kept her name from being well known outside her own circle, and she has borne such heavy burdens that her health has begun to give way.

Miss O'Neill is a graduate of St. Mary's Hospital, Brooklyn, and holds diplomas from the General Memorial, Sloane Maternity, New York City, and First Aid to the Injured service. On the eve of Miss O'Neill's departure the doctors on the visiting staff tendered her a dinner and presented her with a beautiful gold watch and a set of handsomely bound resolutions expressing their appreciation of her services.

BIRTHS

ON December 20th, a son to Mrs. W. Brown, formerly Miss Sue O. Hara, graduate of Mercy Hospital, Chicago.

ON January 6th, at Chicago, a daughter to Mrs. W. C. La Molle, formerly Miss Helen Rafferty, graduate of Mercy Hospital, class of 1903.

ON January 19th, at Leesburh, Virginia, a daughter, to Mrs. John A. Gibson, who was Miss Frances Perry, class of 1900, Old Dominion Hospital, Richmond, Virginia.

ON January 14th, at Silverton, Oregon, a son to Mrs. Millard Seitz, formerly Miss Ruth Love, graduate of Mercy Hospital, Chicago, class of 1902.

ON January 25, 1908, at Richmond, Virginia, a daughter to Mrs. Beverly Randolph Tucker, who was Miss Elsie Boyd, class of 1901, Old Dominion Hospital.

ON January 24th, at Richmond, Virginia, a daughter to Mrs. Manfred Call, who was Miss Martha Clopton, class of 1901, Old Dominion Hospital.

MARRIAGES

ON December 31st, Miss Edith Wood, class of 1906, to Mr. Darwin Davis.

ON December 3rd, at Cleveland, Ohio, Miss Annetta Crass, class of 1904, to Mr. Edward E. Mittomon.

IN November, Miss Lula Wynant, class of 1907, Lakeside Hospital, Cleveland, to Mr. Aaron Cottrell.

IN September, Miss Jeannette May, class of 1903, Lakeside Hospital, Cleveland, to Mr. George Lowery.

ON January 6th, at Kenosha, Wisconsin, Mrs. Helen Armstrong, class of 1905, Mercy Hospital, Chicago, to Dr. Windmiller.

ON February 1st, at Sioux Falls, South Dakota, Miss Jeanette Larsen, graduate of the North Western Hospital, to Dr. George T. Eitel.

ON February 18th, at Memphis, Tennessee, Miss Rose Drueke, class of 1905, Mercy Hospital, Chicago, to Mr. D. W. Strong. They will live at Clarksdale, Mississippi.

ON February 1st, at Brooklyn, N. Y., Miss Blanche E. Snyder, class of 1897, Brooklyn Homeopathic Hospital, to Mr. J. S. Case. They will make their home in Brooklyn.

IN December, Miss Allen, Chief Lady Superintendent of the Victorian Order of Nurses was married to Mr. H. Gilbert Vernon Smith, of the Department of Justice, Ottawa.

ON December 25, 1907, at Sioux City, Iowa, Miss Barbara Bergerson, class of 1904, Chicago Hospital Training School, to Mr. Uhlich Pelletier. They will live in Sioux City.

ON November 6th, at Nanitowaning, Ontario, Miss May A. McLeod, class of 1907, Toronto General Hospital, to Dr. H. Glendenning. They will reside at 535 King Street, East, Ontario.

ON October 10, 1907, at St. Louis, Miss W. M. Perkins, a graduate of the St. Louis Training School, and a Spanish-American War Nurse, to Mr. M. M. Garret. They will live at Thornopolis, Wyoming.

ON January 29th, at Champaign, Illinois, Miss Caroline S. Flatt, class of 1894, Illinois Training School, and for some time superintendent of nurses at the Brokaw Hospital, Bloomington, to Mr. Leicester S. Rupert.

OBITUARY

AT St. John's Riverside Hospital, Yonkers, New York, on January 11th, Miss Josephine B. Anters, a member of the Cochran Alumnae Association. Interment was at Oakland Cemetery.

AT the General Hospital, Toronto, November 21, 1907, Sara Simpson, class of 1885. Miss Simpson had for many years labored in Cococanada, Central India, in connection with the Baptist Mission among the Telegus.

At the City and County Hospital, Denver, Colorado, on December 25, 1907, Miss Jane T. Crichton, class of 1891, Colorado Training School. Miss Crichton died at her post of duty from a stroke of apoplexy. The Alumnæ Association has recorded a fitting tribute to her memory.

On November 23, 1907, at Brantford, Ontario, Miss Florence Hill, graduate of the German Hospital Training School, Brooklyn, New York. Miss Hill died after a long illness borne with great patience and fortitude. Her associates feel that they have lost one of their most conscientious and faithful members, whose life was an example of unselfishness.

On October 24, at Augustana Hospital, Chicago, Miss Eva Carlson, a native of Sweden, and a graduate of the Red Cross Training School in Stockholm. Miss Carlson came to this country in January, 1907, to broaden her knowledge of hospital and training school methods, hoping to return to Sweden in a few years and help the progress of nursing affairs there by her experience.

MISS MARY A. RYAN, graduate of the Hospital of the University of Pennsylvania, class of 1897, died on February 14th, on her way home to Ashland, Pa. She was accompanied by a friend, and when in sight of home was suddenly seized with heart failure, after having apparently recovered from an attack of grippe. Her death is deeply mourned by her many friends and is a loss to the alumnæ association of her school of which she was a member.

On January 25th, in New York City, of double pneumonia, Mr. L. Bissell Sanford. Mr. Sanford was a graduate of the Mills Training School for male nurses, and at the time of his death was registrar of the directory maintained by the alumni of that school. He was also a member of the Board of Nurse Examiners of New York State. He was a native of Bergen, New York, spent some years in a normal school, and after graduating as a nurse held the positions of assistant and acting superintendent of the Mills School. This teaching experience with his normal school training made him a valuable member of the board of examiners whose place it will be difficult to fill. He leaves one sister, Miss Elizabeth Sanford of Rochester.

HOSPITAL AND TRAINING-SCHOOL NOTES



THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES

WRITTEN EXAMINATION—ANATOMY AND PHYSIOLOGY, OCTOBER 29TH, 1907

1. Name the tissues that make up the body framework.
2. Name the excretory organs, and what is the function of each?
3. Name the different kinds of joints and the advantage of each.
4. Of what use are the ribs?
5. What four bones make up the pelvis?
6. What is the difference between an artery and a capillary?
7. Describe the stomach and state its function.
8. What is the difference between digestion and assimilation?
What juices digest starch?
9. What is the pulse?
10. What is the use of water in the body?

ELEMENTARY HYGIENE AND BACTERIOLOGY

1. Define the terms "hygiene" "air," "antisepses."
2. What are the chief sources of contamination of a water supply, and what measures can be taken to render such water pure?
3. Describe briefly the factors concerned in ventilation, and tell how you would secure good ventilation in a sick room in a private house in cold weather.
4. What is meant by the terms "disinfection" and "contagious?"
5. Give five good disinfectants.
6. Give methods of caring for excreta in a case of typhoid fever.
7. What hygienic measures would you adopt in nursing a case of diphtheria, and what steps would you take to render the room free from danger after the patient recovers?
8. What precautions are to be observed in the use of domestic water filters? and why?
9. What precautions should a nurse take for the protection of the family when caring for a case of tuberculosis?
10. What three substances form the basis of all regulated diet?

DIETETICS

1. (a) Define foods.
(b) Name the food principles.
(c) What is their general function in the nutrition?
2. State the composition and digestibility of milk, its nutritive value, methods of altering to suit the taste and digestive requirements of patients.
3. (a) Why is a mixed diet necessary?
(b) What should be the characteristics of an invalid's diet?

4. (a) What is an ideal diet?
(b) How should the diet of an adult compare with that of a child?
5. For a patient on a nitrogenous diet what food would you prepare? Give menu for one day.
6. Describe the proper arrangement of an invalid's tray.
7. (a) In what ways are vegetables of value in the diet?
(b) Discuss the effect of cooking on vegetables.
8. How does the nutritive value of beef broth compare with that of beef juice?
9. (a) How vary the preparation of eggs for your patient?
(b) Outline one method.
10. What class of foods must be excluded from the diabetic diet and why?

MATERIA MEDICA

1. (a) Name the various ways in which medicines may enter the circulation.
(b) Describe in detail your method of giving a hypodermic injection.
2. In giving mercury to a patient what symptoms should be observed and reported?
What is the antidote for mercurial poisoning?
3. What is the average dose for an adult of castor oil, epsom salts, tr. iron, strychnia, digitalis?
4. (a) You are nursing a case of chorea who is taking Fowler's Solution, what symptoms would you report to the physician as indicating that the patient was feeling the toxic effect of the drug?
(b) What are the symptoms of opium poisoning?
5. Tell exactly how you would prepare a hypodermic dose of digitaline gr. one-twentieth from tablets each containing gr. one one-hundredth.

PRACTICAL NURSING

1. Describe in detail the preparation and method of giving a bed bath, and the changing of the linen.
2. How may a nurse quiet restless or nervous patients without the use of drugs.
3. For what conditions are cold packs usually ordered?
How may the best results be obtained?
Describe in detail your method of procedure.
4. Name four commonly used enemata. Give proportions and quantity.
What precautions should be taken in their preparation and administration?
5. (a) Under what circumstances are hot baths, sweat baths and cold baths usually given?
(b) Why is friction given in cold baths?
(c) Why expose parts being sponged in giving ice sponge for the reduction of temperature?

ANALYSIS OF URINE

1. (a) What is urine?
(b) What is the reaction and color of normal urine?
(c) What is the normal quantity of urine excreted by a healthy individual in twenty-four hours?

2. What precautions should you take in obtaining a specimen of urine for the physician?
3. What is a diuretic? Name two in common use.
4. (a) Under what conditions would you expect to find an increased quantity of urine?
(b) A diminished quantity of urine?
5. Under what circumstances might you expect to find a profuse salmon-colored sediment in the urine? What does it indicate? Is the condition dangerous?

OBSTETRICS

1. What are some of the signs of pregnancy?
How would you calculate its duration?
2. Name some of the signs and symptoms of the beginning of labor.
3. What are the stages of labor?
Name the duties of the nurse during the third stage, and for a short time afterwards.
4. Give care of the breasts during pregnancy, the reasons for, and results of neglect.
5. What precaution is to be observed to avoid infection during and after labor?
6. How would you proceed to resuscitate the new born child if asphyxiated?
7. If the child is small or prematurely born what extra precautions would you observe in its care?
8. What would you do in a case of eclampsia before the arrival of the physician?
9. How would you dress the umbilical cord during the first seven days?
What precautions would you take in regard to the child's eyes, and why?
10. Two hours after labor the patient becomes very pale, has a weak pulse, and is gasping for breath. What will you suspect and how will you act if no doctor is within reach?

THE CARE OF CHILDREN

1. Give some of the causes of the great mortality in infants.
2. At what age can other foods than milk be given to infants; what articles of food should be given at this age?
3. Describe the clothing for an infant six months old for the winter season; that for the summer season.
4. How does summer diarrhœa in infants usually begin; what measures should be taken for its relief?
5. How should the mouths of infants be washed?
6. Name the most important signs of rickets, and give the main factors governing the care of children affected with rickets.
7. What foods should be substituted for milk when vomiting is persistent in children?
8. How much sleep is required for the new born baby?
9. When is the best time of day for bathing infants?
Give proper temperature of the bath.
10. (a) What is the capacity of the stomach of the new born child?
(b) How should an infant be carried in the arms?

GYNECOLOGICAL NURSING

1. Give the function of ovary, tube and uterus.
2. Why is it necessary to thoroughly purge patients before gynecological operations?
3. What can you do for nausea and vomiting in the first 48 hours after operation?
4. Of what disease is uterine hæmorrhage suggestive at the menopause?
5. What is shock, and how would you treat it?
6. A patient is brought to the wards after an abdominal section. The pulse rate is good—90 to the minute—respiration regular, color quite good. Four hours later complains of sudden pain in abdomen, the pulse becomes more and more rapid and feeble, the respirations quicker and are labored, and there is a profuse perspiration, cold, clammy skin, restlessness, thirst and pallor. What would this condition indicate, and what would you do until you could get the doctor?
7. How long would you consider it safe for a patient to retain urine in the bladder after operation?
8. What is meant by menstruation?
9. How would you prepare a patient, and what solution would you use in giving a douche?
10. Describe your method of giving a bladder irrigation.

MEDICAL NURSING AND INFECTIOUS DISEASES

1. If called to nurse a child ten years old, who after sore throat became dull, with nausea, vomiting and muscle twitchings, puffy eyelids, and swollen ankles, no doctor is within call, what condition would you suspect and what care would you give the child until the doctor comes?
2. In one line state the essential feature of the diet, unless special orders, for each of the following conditions:—
 - (a) Acute nephritis.
 - (b) Chronic diarrhœa.
 - (c) Chronic constipation.
 - (d) Pulmonary tuberculosis.
3. What are the important essentials in the nursing of a case of—
 - (a) Acute articular rheumatism.
 - (b) Pneumonia.
 - (c) Pleurisy.
4.
 - (a) How is typhoid fever spread, and what measures should be employed by the nurse to prevent this?
 - (b) What special precautions are necessary in nursing typhoid fever in country districts?
5. Describe accurately the nursing care of a typhoid fever patient for twenty-four hours.
6. What symptoms in a typhoid fever patient would lead you to suspect intestinal perforation? What would be your care until the physician arrived?

7. State briefly how you would take care of a case of complete paralysis so that bed sores would not develop.
8. What are the various ways of taking the temperature? What precautions should be taken with each method?
9. What particular precautions should a nurse take when nursing a patient convalescent from diphtheria, scarlet fever, measles?
10. (a) How would you take a patient's pulse?
(b) What are the four main points to be observed in taking the pulse?

SURGICAL NURSING

1. (a) Give general signs and symptoms of hæmorrhage.
(b) Mention all the methods you know by which hæmorrhage may be controlled.
2. Give an outline of your plan of nursing a patient during the first week after a partial excision of the lower jaw; after an intestinal resection. Note the particular dangers to be watched for.
3. What are the symptoms, both local and general, of wound infection after operation?
4. What is erysipelas? Give symptoms, cause, and nursing care.
5. (a) Give the clinical signs present in an inflammation.
(b) What symptoms would you note and report following a severe abdominal operation?
6. (a) Give the signs of fracture.
(b) What is the difference between a *simple* and a *compound* fracture?
7. Describe briefly: (a) preparation of a hernia case, in good health, for ether administration; (b) care of ether patient immediately after operation.
8. Mention symptoms and signs of appendicitis. Why is it important for the nurse to recognize them?
9. What is the difference between a *local* and a *general* anæsthetic? Name two of each.
10. What do you understand by healing of wounds by first intention and healing by second intention?

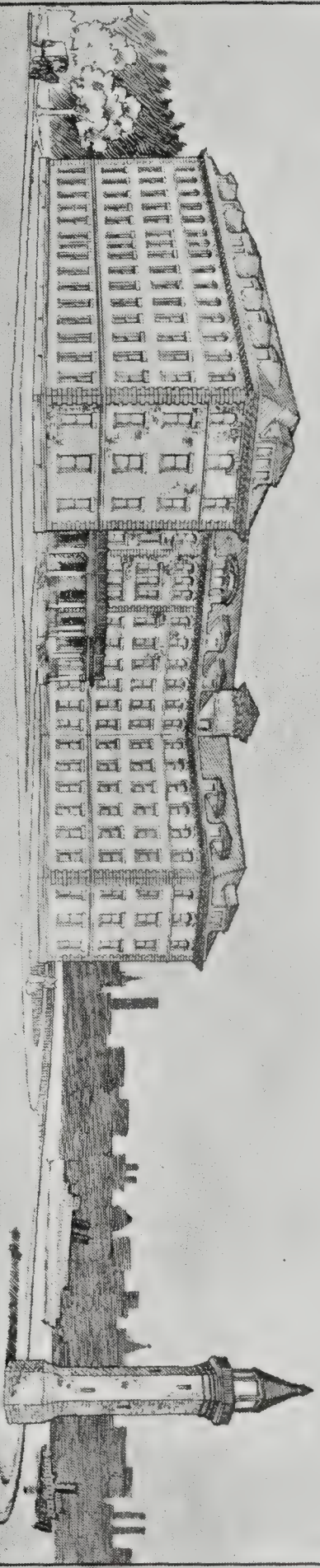
WITH this is given a picture of the new Home for Nurses (now nearing completion) at the Metropolitan Hospital, Blackwell's Island, New York. This Island is part of New York City, is situated in East River and reached by a ferry which takes about three minutes to cross the river. The Island is about three miles long and one-sixth of a mile wide.

In 1651 it was granted to a Dutch officer, Captain Francis Fyn. In 1665 it was confiscated by the British, and in 1668 was granted to Captain John Manning then in command of the fort situated at the Battery. Robert Blackwell married the step-daughter of Captain Manning. The Island from that time was called after the Blackwell family, who held it until 1828 when it was sold to the City of New York.

It would be difficult to find a more ideal location for a hospital, surrounded as it is by water, with spacious grounds and beautiful trees. The Metropolitan Hospital, with a capacity of over thirteen hundred beds, is located at the north end of the Island, and plans are at present under way to add buildings to accommodate two thousand more patients.

NURSES HOME ~ METROPOLITAN HOSPITAL
BLACKWELL'S ISLAND - NEW YORK CITY

Designed by Merrill Davis, Architects, 21 Chambers St. N.Y.C.



The new Nurses' Home, which is nearing completion, is located on one of the finest sites in New York City, and will give single rooms to all nurses, with spacious entrance hall, library and sitting rooms. The School is registered and offers a three years' course of training, giving an allowance of ten dollars per month the first year, twelve dollars the second and fifteen dollars the third year. Applicants must be between twenty-one and thirty-five years of age and have had one year in high school, or its equivalent.

HER Royal Highness the Crown Princess of Greece four years ago sent two Greek girls over to this country to be educated as nurses that they might return to their own country and take American methods to Greece. For their education, conducted largely at the New England Baptist Hospital, the princess now expresses her high appreciation to the superintendent, Miss Anderson. The seed of the idea was planted in her Highness' mind by Miss Klomare, a Greek young woman who graduated from the Massachusetts General Hospital in the class with Miss Anderson. These two Greek students had first to learn English, spending six months at the French-American College at Springfield, Massachusetts. After two and a half years at the New England Baptist Hospital, with Miss Anderson, they spent three months at the Massachusetts General Hospital and six months at the Boston Lying-in Hospital, and served some time in private nursing before returning to their own country, where they were at once placed as charge nurses in the Royal Hospital.

ON January 17, at Brainerd, Minnesota, a class of four young women was graduated from the Northern Pacific Training School. The exercises were conducted by Mr. W. H. Gemmel, general manager of the Minnesota and International Railroad, who spoke of the pride which the people of Brainerd feel in the hospital and training school and of their reputation for good work. Miss Whittaker, superintendent of the school, read a report which stated that the hospital was started six years ago, that this is the fourth class to graduate, and that the thirteen who have left the school have established themselves in hospital work and private duty where they are sustaining the reputation of their school for good work. There are sixteen pupil nurses, they have a three years' course, and there has been no difficulty in securing desirable applicants. Miss Whittaker closed her report by thanking the graduates for their faithful service, good influence, and loyalty.

Addresses were made by Dr. Quinn of St. Paul and by Father Mahoney, and there were some excellent songs. The graduates were: Margaret L. Buchanan, Susan V. Miles, Mary A. Gaven, and Elinor E. Rose.

[We believe that a public appreciation of good work done during training is rather exceptional on a graduating program, and that such appreciation is a means of preserving the loyalty of a school's graduates, and of inspiring them to keep up the standard. Ed.]

THE Roosevelt Hospital, New York, graduated the following nurses on February 10th: Katherine E. Tator, Grace V. H. Moore, Leta M. Brown, Lily

Ladd, Kathleen Sisman, Lelia E. Ross, Annie E. Patterson, Mayme R. Potter, Petra M. Aarøe, Jessy C. Palmer, Matilda R. Smith, Nina D. Gage, Evelyn I. V. Howard, Pauline V. W. Houman.

GRADUATING exercises of the Saginaw General Hospital were held Monday, February 3rd, at Davis Nurses' Home. Miss Linda Richards of Kalamazoo addressed the graduating class. Mrs. Geo. B. Baker, Chairman of the Training School Committee, presented the diplomas and Mrs. F. C. Stone, president of the Board of Trustees, presented the training-school pin. The members of the graduating class are as follows: Miss Anna Hill, Miss Isabel Ford, Miss Elizabeth Wilson, Miss Eva Ryan, Miss Jeanette Burke.

THE graduating exercises of the class of 1908 of the Cincinnati Hospital Training School for Nurses were held in the amphitheatre of the hospital, on the evening of January 14th. The exercises consisted of addresses by members of the hospitals staff, and officers of the city administration.

The audience was large and appreciative. Badges and diplomas were presented to fifteen graduates.

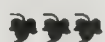
A reception followed in the hospital library for the nurses and their friends.

DURING the past year scholarships have been presented for competition to the Toronto General Hospital School for Nurses, as follows: Three scholarships of the value of fifty dollars each, and one of twenty-five dollars, making the total number of scholarships, four of fifty dollars each, and two of twenty-five dollars each.



THE good news comes just as we are closing our press that the National Council of Trained Nurses of Great Britain and Ireland was definitely organized with an admirable constitution on January 31st. We will report it more fully next month.

PRACTICAL SUGGESTIONS



I presume every nurse knows about wrapping lumps of coal in paper to avoid noise if she has to keep up a fire in a grate or stove during the night.

K. K.

USE pumice stone to take off the little black spots which are often found on the bottom of a chamber. Such little spots may disturb a nervous patient very much.

K. K.

BEFORE using a sauce pan to heat milk, soup, etc., rinse it with a little cold water and do not dry it. This keeps the liquid from sticking to the bottom or sides of the saucepan.

K. K.

To save cracked ice all night, wrap it in heavy flannel, and place it in a fibre pail which has a plate on the bottom, round side up. Cover well, and set in an open window.

S. M. M.

IF a fire should be needed in a patient's room, where there is an open fire-place and no andirons, use two bricks placed about one foot apart to raise the wood from the hearth and give a draft to the fire.

K. K.

EVERY nurse finds lifting hard, but if she will follow this suggestion she will find it easy. First take a fall out position, then, before lifting, bend the knees well, so that the lifting will be done by the legs, not by the back.

S. M. N.

To night nurses who can not sleep.—Eat a meal or lunch during the night, about twelve or later, but have five hours elapse before retiring, then take a neutral bath just before going to bed. Have your room airy, but darken your eyes by the use of an eye protector.

S. M. M.

ANOTHER nurse who does night work a great deal finds her aid to sleep in quite opposite methods from that given above. She goes to bed as usual and to sleep, but when the family dinner is ready at noon, she has a tray brought to her, sits up in bed, eats a hearty meal, and is then able to sleep well until her rest is complete. Before trying this plan she used always to wake at about two o'clock, feeling faint. She

thinks a night meal is never thoroughly enjoyed and that most night workers suffer from insufficient nourishment.

ONE of the great dangers in my present patient's case is her getting over-tired by visiting, and she always wants to see every one who comes to the house. If she knows of any one's coming she gets more excited over her being refused admission than she would in seeing her, so I have told the relatives that when they come they shall open the door softly and look for a little college flag. If they see it, they are not to come up or make a noise; if it is not there, they know all is well. They are all pleased with the idea and "mind" beautifully. M. N.

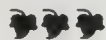


NEW YORK'S NEUROLOGICAL HOSPITAL

THROUGH the coöperation of several New York city neurologists, Robert W. Hebbard, commissioner of public charities, has established the first neurological hospital with a separate medical board and a separate medical organization in America. The new hospital is to be known as the Hospital for Nervous Diseases of New York City, and is located on Blackwell's Island in detached pavilion wards near the City Home. Both acute and chronic cases will be treated; under the former class coming those border line diseases such as hysteria and St. Vitus's dance,—maladies which if treated properly at the proper time can be permanently cured. The present capacity of the hospital, including the hospital for incurables, is two hundred and fifty beds. Buildings for the further accommodation of one hundred patients are to be erected. Other new buildings will supply operating room and laboratory facilities and provide for special lectures and demonstrations on subjects of nervous disease. The general hospitals of the city already possess more than one thousand neurological patients awaiting admission to the new service.—*Charities*.

OCCASIONAL happenings in the editorial office of the JOURNAL seem too good not to be shared. Recently when the editor was away, she telegraphed to her assistant: "Hold galley until I return." The galley is the first form of proof. Evidently the word was incomprehensible to the telegraphers, for when the message reached the office it read: "Hold Sallie until I return."

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

PRACTICAL DIETETICS WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, Graduate Department of Household Arts, State Normal School, Framingham, Massachusetts; late Instructor in Dietetics, Bellevue Training School for Nurses, Bellevue Hospital, New York; Former Instructor at Lakeside, St. Mary's, Trinity and Wisconsin Training School, Milwaukee, Wisconsin, St. Joseph's Hospital, Chicago, Illinois; Special Lecturer at Bellevue, Mount Sinai, Hahnemann and the Flower Training Schools, New York City; St. Vincent de Paul Hospital, Brockville, Canada. Fourth Edition, \$1.00. A. F. Pattee, Mount Vernon, New York, and 52 W. 39th Street, New York City.

THE Fourth Edition of this popular book on dietetics does not differ in any respect from the third edition, but is brought out because the earlier editions are exhausted,—so great has been the success of Miss Pattee's venture that its fourth edition appears within three years of its first.

THE OPERATING ROOM AND PATIENT. By Russell S. Fowler, M.D., Professor of Surgery, Brooklyn Post-graduate Medical School, Brooklyn, New York; Chief Surgeon, First Division German Hospital; Surgeon Methodist Episcopal Hospital, Brooklyn, New York. Second Edition, Enlarged. Octavo volume of 284 pages, fully illustrated. Cloth, \$2.00 net. W. B. Saunders Company, Philadelphia and London.

THOSE who remember the first appearance of this book, hardly two years ago, will welcome the new edition which comes to us enlarged by several new chapters bringing the subject matter up to date and in line with the ever forward march in surgical technique.

It is gratifying to note that in some instances, notably in the preparation, how much simpler and, if one may venture to say it, saner, the processes become by which the best results are obtainable in operative surgery.

As in the first edition, the rules for the operating room and its personelle, receive minute attention as also the rules concerning instruments, supplies, et cetera; the chapters relating to anesthesia, the general preparation of the patient,—the various positions necessary to special operations also remain much the same as in the first edition, but the chapters relating to the after treatment of operative surgery, and the complications of wound infection, are for the most part new matter, and add greatly to the value and usefulness of the work. Like its predecessor this edition appeals especially to all who appreciate a handsome binding and elegant appearance.

PRACTICAL FEVER NURSING. By Edward C. Register, M.D., Professor of the Practice of Medicine in the North Carolina Medical College; Chief Physician to St. Peter's Hospital; Editor of the Charlotte Medical Journal. Octavo volume of 352 pages, illustrated. Cloth, \$2.50 net. W. B. Saunders Company, Philadelphia and London.

By far the most complete work on Fever Nursing that has come under the notice of the reviewer. Dr. Register in his opening chapter renders tribute to the trained nurse as she ought to be and we feel assured of a very kindly appreciation of the nursing body in general by the author. He presents his book to nurses to be used by them as "a working text-book that will completely cover the field of practical fever nursing."

And the book aims to assist the nurse to take up fever nursing, with a due sense of needing all the training she has had, to carry her through the often long, and always critical fever case. Every nurse, however well trained, knows the difficulty of maintaining her strength, and of equalizing the expenditure of her energies, so that the latter days of her case, when the patient is often more trying and unreasonable than at any other time, she may be found to have resources still untouched, and the pleasant air of freshness and energy that seems to impart strength and ambition to her despondent and weary patient.

Fever nursing is a sort of test to the integrity of a nurse's training, and the wise nurse uses every means and opportunity that comes within her reach to perfect her knowledge in this branch. Dr. Register's book will be found to be a most valuable assistance to the nurse. The style is simplified and as far as possible technical terms are discarded—and the author in plain and easily recognized terms describes the etiology, symptoms, complications and treatment of the various fevers.

The book will be found very acceptable to those who would like to keep informed with all that is latest and best in this branch of medical nursing—the newer methods of reducing temperature, baths, et cetera; as a reference in all such subjects it is warmly recommended.

THE CARE OF THE BABY. By I. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital; Consulting Physician to the St. Christopher's Hospital for Children. Fourth Revised Edition. 12mo. of 455 pages illustrated. Cloth, \$1.50 net. W. B. Saunders Company, London and Philadelphia.

IF this book needed an explanation for its continued success and popularity we need go no farther than its title. Nothing could be more appealing to the mothers of the country, and even the nurse is apt to take a look beyond the title of the book. It is rash to prophesy, yet one cannot help the thought that however great its mission in the past and however useful it may be in the present this is one of the books that is to pass away before a better understanding of hygiene. Those who are already acquainted with this excellent manual on the management of infancy and childhood will recall that there are ten chapters dealing with the care and management of the baby in health and one on the nursing of the sick baby—thus making the book a sort of special volume on hygiene for infants.

The present edition although enlarged to some extent does not differ materially from the third edition. The list of illustrations has been increased, new ones added and the old ones improved.



NEW hospitals are spring up all over Canada, while older ones are being enlarged and extended. Edmonton, Alberta, is about to build a new public hospital at the extreme west end of the city. The plan provides for a hospital which, when finished, will be larger and more completely equipped than any other hospital in the west. In design it very much resembles that of the Royal Victoria Hospital, Montreal. The new hospital at Port Arthur is already completed, while hospitals are in progress in Orangeville, Ontario, Yarmouth, Nova Scotia, and Humbolt, Manitoba.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING FEBRUARY 12, 1908

ASTBURY, AGNES, returned to duty at Zamboanga, Mindanao, from temporary duty at Jolo, Jolo, P. I.

DOERSCH, CLARA C., formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged in San Francisco.

GEE, MABEL D., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila, P. I.

KALLEM, HANNAH A., transferred from the General Hospital, Fort Bayard, N. M., to the General Hospital, Presidio of San Francisco, California.

MAGUIRE, MRS. LOUISE DEPUE, graduate of National Homeopathic Hospital, Washington, D. C., 1906; sixteen months at Dr. J. E. McQuain's Hospital, Spencer, West Virginia; appointed and assigned to duty at the General Hospital, Presidio of San Francisco, Cal.

MARTIN, MONA E., formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

MOLLOY, JANE G., graduate of the City and County Hospital, San Francisco, 1907; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MORRIS, HANNAH P., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

NUTTER, GRACE HELEN, graduate of the National Homeopathic Hospital, Washington, District of Columbia, 1906; nine months in the Portland General Hospital, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, California.

PHILIPPENS, MINNIE A., transferred from Iloilo, Panay, to the Division Hospital, Manila, P. I.

SELOVER, CLARA M., transferred from Zamboanga, Mindanao, to duty at Jolo Jolo, P. I.

THOMAS, ELIZABETH D., formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

HÆFNER, EMMA, re-appointed from Cebu, P. I., for duty in the Philippines Division; graduate of City and County Hospital, St. Paul, Minnesota.

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THE AMERICAN JOURNAL OF NURSING

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APRIL, 1908

NO. 7

EDITORIAL COMMENT



IMPORTANT TO DELEGATES

As we close our pages, a telegraphic announcement of reduction of rates to San Francisco has been received by the secretary and is printed with her official announcements on another page. This is all the information which she is able to give at present, but delegates should note carefully where fuller information may be obtained and should inform themselves fully in regard to the advantages which are included in this special rate. Undoubtedly a much greater number will feel that they can afford to make the journey with this reduction of nearly forty dollars on railroad fare alone. Of course other expenses will remain as before estimated.

To those who are going west for the convention, there is an unusual opportunity for interesting side trips in the Superintendents' Meeting to take place in Cincinnati on April 22nd to 24th and in the Visiting Nurse Conference to be held in Chicago on April 25th. These stop-overs will break the journey pleasantly, and will add very greatly to the professional advantages to be gained by the journey, with comparatively little additional cost.

From all the reports that are being received, and particularly from the announcements in *The California Nurses' Journal*, the meeting in San Francisco promises to be a most inspiring one. To people from the east or middle west, the visit to the Pacific slope would be of itself a most fascinating experience, but when one combines with this interest the advantages for social and professional pleasure which are provided, the opportunity is one which should be embraced by every nurse able to bear the expense. There would seem to be no other excuse for not going.

We want to emphasize here, for the benefit of those who are not sent officially, that the meetings are always open to nurses, that while one may not vote or take part in discussion unless a delegate, there is great inspiration in listening to the papers and discussions presented, and in meeting the members who represent every state in the Union.

We have given in the department of Practical Suggestions some additional hints for lunch baskets, which were sent in answer to our request of last month.

THE TREND OF AFFAIRS

THOSE of our readers who are interested in the broader lines of philanthropic work which concern nurses will read with intense interest Miss Dock's summing up of the struggle of Mrs. Caroline Bartlett Crane to establish better conditions for the sick and infirm in the almshouses of the state of Michigan. It seems like a return of the dark ages when such conditions as those revealed by Mrs. Crane are allowed to exist in the boasted civilization of the twentieth century. In a line with these revelations come the reports of the investigation of a boys' reformatory at Pontiac, Illinois, which show shocking brutality in the treatment of the young offenders by officials in charge. It was discovered centuries ago, and the truth is confirmed from time to time, that human nature cannot stand the test of irresponsible authority over weaker and dependent lives. There must always be a higher authority to hold in check the cruel animal spirit which so often breaks forth when one human being is wholly in the power of another.

Perhaps because more vigorous efforts by the humanitarian classes are being made at this time, the resistance on the part of politicians against legislation for decency and honesty is more conspicuous. Governor Hughes' failure to remove Mr. Kelsey for incompetent administration of the New York insurance department is one of the marked instances of such political resistance. Undaunted by his failure, the governor, in an address given at the opening of the exposition of congestion of population in New York City, said that while the conditions shown in the exhibit are depressing, there is also an encouraging side, for its very existence shows that the public conscience is awakened and that people on all sides are taking up these questions of civic, industrial and social betterment. "Little by little," he said, "we shall do things."

We feel that what we call the retrograde movement in nursing is, in a measure, a part of this political resistance to a betterment of

conditions for the sick in our hospitals and to the improvement of the educational and industrial standards of trained nurses. We have reason to believe, from what we have been able to gather, that the return to the two years as announced by the Commissioner is of this character, and that back of the commissioner are certain medical men who represent the political and commercial faction of the medical profession. The hospitals concerned are the New York City and Metropolitan on Blackwell's Island, the Cumberland Street, and King's County, Brooklyn.

We realize that temporarily our training schools are likely to be divided into two distinct classes, those that give a thorough nursing education, with reasonable working hours and good living conditions in hospitals that recognize their educational as well as their philanthropic responsibilities, and those which use their training schools as a means of obtaining cheap service, continuing the long hours and unwholesome living conditions which with the inadequate force employed tend to break down the health of both superintendent and pupils, and consequently lower the standard of nursing care given the sick within their walls.

To the first class of schools women of education and culture who go into nursing from the highest motives will apply, while to the second grade will be attracted those of less intelligence, who cannot be received into the first class, or those who enter nursing from commercial motives. We cannot believe, however, that this condition is to be a permanent one.

It will be remembered that some years ago one of the most distinguished reformers in nursing work lost her reason and later her life, because of the goading of a former commissioner. Already two of the ablest superintendents in the state have resigned from schools in the reactionary class, one, we know, because of ill health brought on by just such persecution, and we believe after a few years' trial it will be found better economy for the New York City schools to place themselves among those of the first rank.

For the time being, we must be satisfied to hold to what we have as far as possible, and to exercise a more rigid discipline in the management of our nursing organizations, beginning with the local clubs and *alumnæ* associations, insisting upon womanly conduct and exemplary character as well as professional qualifications on the part of every member, safe-guarding in every way membership in our state and national organizations, that the central power may represent the very highest standards in nursing work.

It is through these organizations that the public is being educated, and that standards can be upheld. With our forces strengthened by such

measures, when the whole philanthropic movement goes forward more rapidly, we too shall begin again "to do things."

RED CROSS NURSING

SINCE the reorganization of the Red Cross Society of this country, the measures taken by it to gain public interest and support, and its plans for an extended and orderly branching of state and local societies have been such as to command the approbation of all well-informed persons. Up to the present time its attitude toward nursing has been intelligent, and its decision to ally itself only with a nursing personnel of proved competence and standing would, if persevered in, bring it in this regard, to the rank of Japan, and far ahead of many European nations, with some of whom the nursing service is the weakest part of the equipment. If, however, American nurses fail to respond to the appeals which are being sent through every state, and the Red Cross should decide to enroll untrained nurses or should be persuaded by well-meaning but uninformed advisers to establish amateur nursing classes, it would loose the confidence of well-trained women who have the interests of the sick at heart and would speedily fall into all the difficulties which now hamper the progress of some of the old-world societies.

Home nursing, or a knowledge of the primary duties in sickness, should without a doubt form a part of the preparation of every woman for home life. But it is surely not within the province of the Red Cross to teach this, any more than to conduct housekeeping classes or kindergartens. If the pupils of home nursing classes really study only for the home they can not be counted on to aid the Red Cross; if, on the contrary, they are to be looked upon as a reserve for the Red Cross, the latter, because driven to it, will be guilty of breaking down hard-won standards of excellence by entering upon the manufacture of a spurious product, and will thus range itself with the correspondence and short-term schools which already exist as a part of our national backsliding into imitation goods of all kinds.

It seems little short of stupidity for one country or set of people to repeat blindly all the errors or failures of other countries and other people. Intelligence should enable us to avoid the mistakes of others, and it was, in fact, the exercise of this watchful and informed intelligence that made the work of the Japanese Red Cross so brilliant and effective in its recent great test. Every mistake of other countries was avoided. Every good point was adopted or improved upon. We can hardly think

that the promoters of this scheme of teaching home nursing have any knowledge of the lessons taught by the Red Cross Societies of Europe. In many of these the nursing personnel is the weakest part of the equipment. Societies which instantly discard an old-fashioned stretcher or ambulance, and whose outfits of medical, surgical, and sanitary supplies are brought up to the highest point of perfection, have yet a nursing service forty or fifty years behind the times, and the reason for this is, in part, that they have made too much of the amateur, volunteer nurse. Their motive for so doing has been a lack of good trained material, owing to the general status of nursing. But this cannot be urged in the case of the American Red Cross. Among European nations those Red Cross Societies are the most effective which have taken their nursing most seriously and have aimed at the highest standards that their countries will support—these are, Germany, and the Scandinavian countries, where Red Cross training means a long and arduous hospital training.

None is less prominent than that of England. The English nurses are among the best in the world, and England has the finest military nursing service, but the Red Cross of England can muster only volunteers, some of whom were described by Dr. Treves in the South African War as a “plague of women.”

In France, the Red Cross has developed amateur nursing classes which are a close approach to the theatrical, and so intelligent a man as Dr. Letulle now admits that much of the teaching thus given is an absurdity.

But nowhere in Europe, to our knowledge, is any sordid or mercenary element discernible among the amateur Red Cross nurses. Vanity, vainglory, and sentimentalism there may be, but these women do not attempt to earn their living as nurses, nor do their teachers profess to fit them for anything but the nursing of minor surgical cases. Far otherwise would it be in our commercial commonwealth, we fear, and our Red Cross, the symbol of humane relief, would be degraded to the level of our correspondence and short-term schools whose scholars hasten to defraud the public by pretending to be what they are not, and to have a knowledge that they have not. The glamour of the Red Cross tends to attract adventurers of both sexes. We have learned this by personal experience as well as by observation, and it is a fact that should be remembered and guarded against by the officers of the society. For this reason, if for no other, its nursing personnel should be most carefully limited to those who have been weighed in the balance and have not been found wanting.

The enrollment of nurses for Red Cross service, except in San Francisco, is distressingly slow. The conditions under which enrollment may take place were given in these pages in a recent issue, and we urge upon every woman who would wish to serve her country or her state in time of public calamity to see to it that her name is quickly entered upon this roll.

OCCUPATION

WE all know the type of woman who becomes a household drudge, so engrossed in her sewing and her housework that she ceases to be a companionable wife or an inspiring mother. She is blind to the best interests of her family. This same type of woman appears in the nursing world, in the good painstaking woman who is devoted to her profession and who practices it so arduously that her mind gradually contracts into a narrow professional groove, and she ceases to be an interesting comrade to others or to have resources for her own delight. She hardly knows what to do with a vacation when one comes, for she is out of touch with the world about her.

Nurses have much to contend with, for they are more or less ostracized from the social life which flows about them. Those living in a strange city, either in permanent hospital positions or having a room in a boarding house and doing private duty, have almost no circle of friends. It is natural that many of them should resort to the theatre for the amusement they crave, and too much time and money are spent by nurses in this way. An occasional play of the best kind is a refreshing treat and is often an education, but it is a pity to make theatre-going one's only source of enjoyment. Sometimes public dances are resorted to as well, but we believe this to be rare, and surely no woman who has had a good home and proper up-bringing needs a caution against this form of diversion.

The nurse who has ever had any interests other than medical ones should cling to them with both hands, for she needs them.

A music teacher has related that her pupils often come to her with the longing remark: "Oh if I could only play as you do." Her reply is always the same: "If you really want to, you will." Is it not true of all of us that if we really want to keep up some of our old interests and tastes we may manage to do it, and the ingenuity required to fit them in adds spice to the game.

When some one says: "I used to play well, but I never touch the piano now, I do not have time," we know by her own confession that

she is not really at heart a musician. If she were, she could not keep away from the piano. Have you not known some pupil nurse who made the evenings sweet for her companions by her playing, and who kept herself in practice during her training-school days simply by improving the opportunities before her? She would manage occasionally to attend a concert; perhaps she was tired and it was hard to stay up late, but she was a better woman and a better nurse for having given her soul a chance to expand.

It is the same with reading. The woman who is interested in history in the making as given in the daily papers, will not let weeks go by without glancing at one, ignorant of what is happening outside the hospital. Perhaps she is an overburdened superintendent, but if such knowledge is really delightful to her she will have it, somehow, and she will inspire her associates to be better informed women, and will be able to set the example of not talking shop out of hours.

The woman who loves the best literature will find it, and will not feed continually on the short story of the magazine. Often in the houses of the uncultured she will find nothing to satisfy her longing but the complete works of William Shakespeare, in one bulky volume with impossible print. Oddly enough Shakespeare seems as much a part of household furnishing as the parlor sofa, though neither he or the family show evidence of intimate acquaintance with each other. It is a pity that so many women, after leaving school allow their weariness of body or mind to shut them away from books that they once enjoyed, thinking that when they have more leisure they will read something better than the Sunday paper. The chances are that they never will, one's taste so soon deteriorates and one's very understanding seems to dwindle.

The nurse who has the gift of sewing well will have with her always some work to pick up, not requiring too close attention, and when she comes home from a case what a good time awaits her in a regular dress-making bout.

Let us not be misunderstood, we are not commending the young woman who goes to care for a child and allows the nurse maid to do all the work while she studies up golf from a book she has brought with her; or the would-be musician who drives her patient distracted by playing badly at odd moments, or the excellent sewer who makes a whole shirt waist while her patient would like to be read to, but will not ask. We are advocating the use of time which really belongs to the nurse for pursuing occupations which will make life brighter for herself and will make her more companionable to her patients. To those with many

interests life does not seem long enough to accomplish all there is to do, and the doing is joyous.

THE ENFORCEMENT OF REGISTRATION REQUIREMENTS

SEVERAL instances of the illegal use of the R. N. have been brought to the attention of the president of the New York State Nurses' Association, who authorizes us to state that that association will proceed to investigate every such charge, and take such measures for the punishment of the offenders as the provision of the law allows. In making charges of this character, it is very necessary for those preferring such to be absolutely sure that they are right. There must be not only hearsay, but absolute evidence, which can be sustained in court.

We have received a number of communications during the year from nurses in different sections of the country who have signed themselves "G. N." One of these was a nurse holding a position in a private hospital, who was advised by the proprietor of that institution to add the G. N. to her signature, as he thought it added dignity to her position. There is no dignity attached to the letters G. N. that we know of, and nurses using such letters are showing the desire to be ranked with registered nurses, when they are either not eligible for registration or are unwilling to submit to the conditions.

CONTRIBUTIONS FROM PRIVATE DUTY NURSES

Two months ago we commented in these pages upon the fact that we were receiving very few contributions of any kind from nurses engaged in the field of private duty. This seems to have aroused the pride of many of our readers who have, in the numerous contributions sent us since, demonstrated that our criticism was unfair. Evidently it was not lack of ideas, but timidity as to their ability to put them in shape for publication, which caused their silence. The awakening has been most encouraging.

We have evidence almost every day, in letters that come to us, of a cordial interest in the JOURNAL's welfare which seems to be almost universal.



A MODERN LAUNDRY

BY CLARA D. NOYES

Graduate of Johns Hopkins Hospital; Superintendent of St. Luke's Hospital,
New Bedford, Mass.

THE new laundry at St. Luke's Hospital, New Bedford, Massachusetts, was completed and ready for use March 1, 1907.

A description of this building and its working methods may be of some assistance to the busy superintendent of the smaller hospital, who is perhaps interested in a new building or the reorganization of an old laundry.

Lest we be accused of extravagance, I should like to explain that we were anxious to erect a building at as small a cost as possible, yet at the same time preserve our standards in all directions as to substantial and durable construction and simplicity in arrangement and equipment.

To provide for the future growth of the hospital, the building was planned amply large, sixty feet long by forty wide. The frame is of iron, the walls, best quality Dover river brick, roof of slate and all conductors are of copper. The inside walls and partitions are of white enamelled brick, the ceiling of hard pine painted with four coats of white with a final coat of enamel. The floors are granolithic, doors and window sashes and all frames and woodwork of ash, varnished, door knobs of glass. All pipes are covered, painted white, and bound with brass strips. The windows are numerous and large, all are screened and provided with inside shades of dark green.

The bright, clean, airy appearance furnished by this white interior, and abundant light and sunshine would satisfy the most æsthetic taste, while an opportunity to see dirt and remove it easily is thus afforded. The hose is used, in conjunction with a long handled brush, about once a month, on these walls, keeping them sweet and clean.

Although the expense of putting in white enamelled brick partitions and walls is quite large, the results are well worth the additional outlay and in the end is more economical, as it does away with the frequent painting, breaking of plaster and difficult and expensive cleaning of walls.

The building is entered by means of a granolithic incline; this allows the laundry cart to be pushed into the building for loading and unloading. The front door, which is a large double one, opens into an entry. On the right is a receiving room for soiled linen, at the side of

this room is a half partition which is also divided, one end furnishing a closet for brooms, brushes, etc., the other a toilet and dressing room fitted with set bowl, closet and hooks. This room is lighted by two large windows and communicates directly with the wash room, which is twenty-two by forty-five feet, lighted by four large windows with side lights and transoms, height of ceiling is fifteen feet.

On the left of the entry is the sorting room for clean linen, with counter for folding, and individual, hard-wood, open compartments for the nurses, doctors and help. These are furnished with name plates into which a card can easily be placed. This room opens into the ironing room, which is fifteen by forty-five feet. At the rear end of this ironing room is a door leading into a large drying ground by means of an incline.

EQUIPMENT

The receiving room is fitted with two large boxes with hinged covers; these are very useful for storing linen tidily, although no soiled linen is ever left over night in this room.

The toilet room, which is part of this room, is very essential and should be sufficiently large to allow the help comfortable dressing quarters, as many of them live outside the hospital. The broom closet is also important. I personally prefer a closet of this description rather than one built into the walls, which is usually dark and hard to keep clean.

Wash room.—The arrangement and equipment of this room is very important as here the heaviest work of the laundry is done, and a convenient arrangement of machinery is necessary. I give a list of our machinery which we find satisfactory:

- Two (2) washers, wooden, one hundred (100) shirt capacity.
- One (1) tumbler or shaker.
- One (1) twenty-six (26) inch extractor.
- Two (2) dryers.
- One (1) engine, twelve (12) horse power, horizontal.
- One (1) starch kettle, steam jacketed.
- One (1) starch table, zinc top.
- One (1) soap-tank, copper, forty (40) gallons capacity.
- Six (6) white, porcelain set tubs (four would be sufficient).
- One (1) clock, large wall.
- One (1) truck, hard-wood, for transporting wet goods.
- Two (2) clothes baskets, ten (10) bushel, fitted with trucks.
- Two (2) wall closets, hard-wood, for engine supplies and storing blue, measuring glasses, pails, dippers, etc.

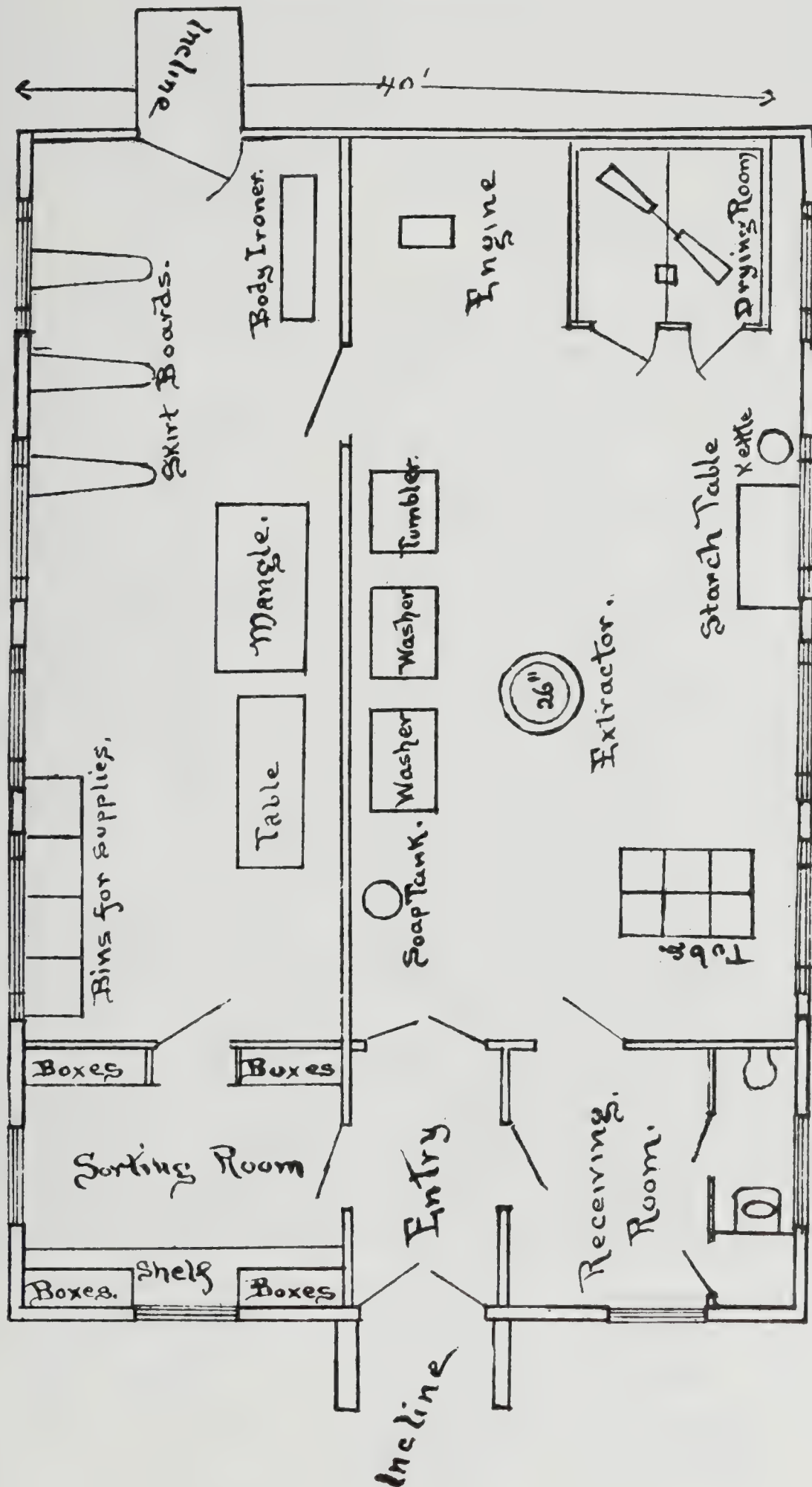
FIG. 1.



LAUNDRY

St. Luke's Hospital, New Bedford, Mass.

Several clothes horses of special design, with ball bearing wheels. These may be seen in cut of ironing room; they are very strong, easily moved, roomy, and were made at a cost of twelve dollars and sixty-six cents each.



The washers are placed in a depression fitted with central drains sufficiently far from the wall to allow an individual to pass easily back of them; this brings the over-head shafting well out and makes it comparatively easy to keep both walls and machinery clean. The set tubs are placed back to back across the end of the room at least four feet from walls at end and side.

The engine is accessible from all sides and sufficiently far from walls to prevent spattering; and to prevent the floor from becoming oily, rubber matting is neatly fitted around the engine. The extractor stands in the middle of the room between the two washers. The tumbler is on a line with the two washers.

The dryer is a sectional cabinet room, fitted with steam coil and fan, lined throughout with asbestos and galvanized metal with four portable trucks. The advantages of this style of dry room are very apparent. It occupies very little floor space, is easily kept clean, economical to operate and owing to the rapidity with which goods are dried, a large amount of work can be handled in a short space of time.

The tumbler is a very useful feature. Its value does not seem to me to be fully known in the average wash-room. The goods come from the extractor in hard masses requiring time and strength to shake out if done by hand; thrown into a tumbler, they are well shaken out in a few minutes without injury and at a great saving of strength. After leaving the tumbler the goods are ready for sorting for the mangle or dryer, as the case may be.

The ironing room is fitted with the following machinery:

One (1) sixty-four (64) inch mangle.

One (1) body ironer, gas-heated.

Three (3) ironing boards with individual gas stoves.

One (1) large, substantial table for receiving clean linen.

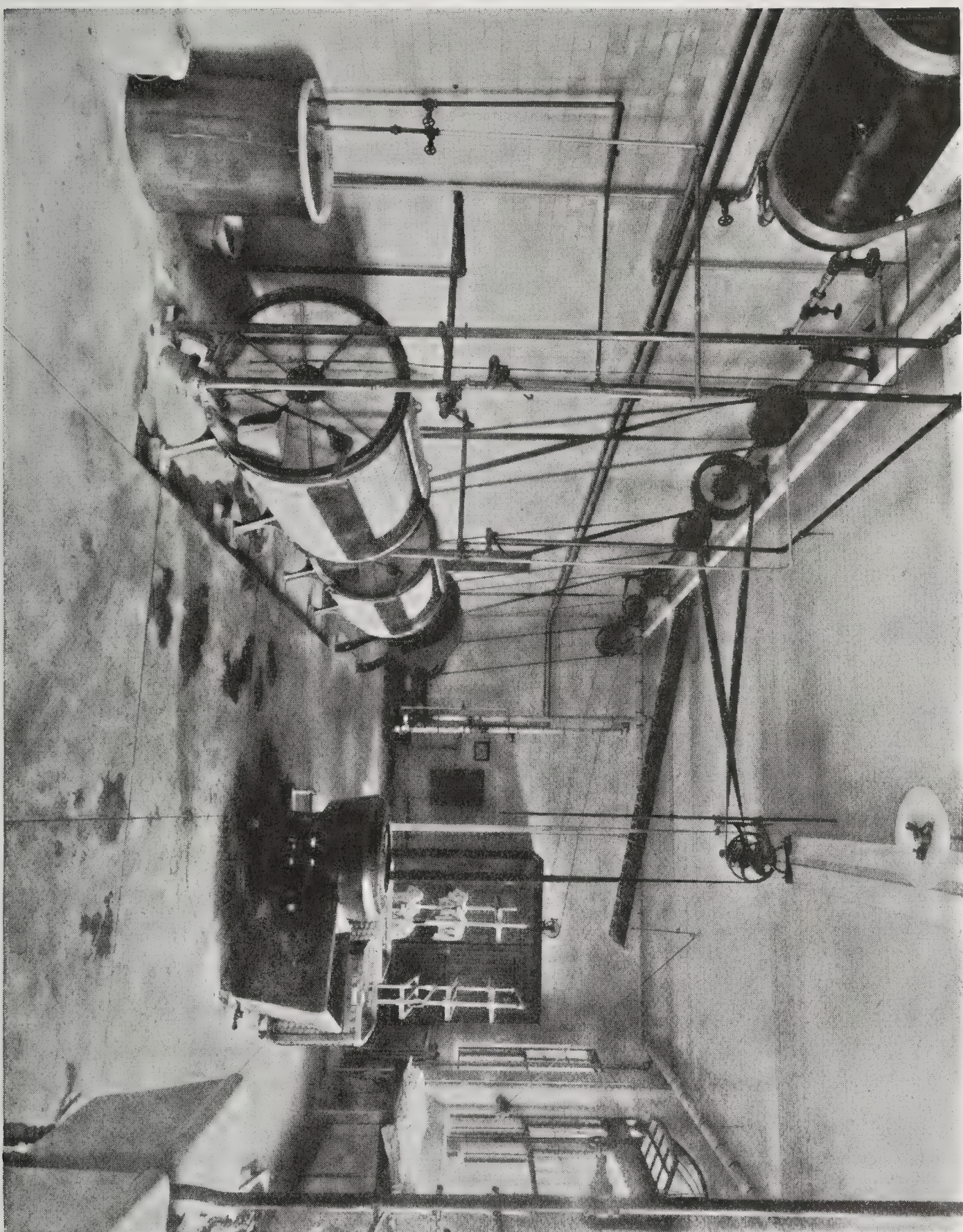
Four (4) hard-wood bins, with hinge covers for starch, soapchips, and Wyandotte soda; capacity of each, one barrel.

These bins furnish a much neater way of storing supplies than that afforded by closets taking in the whole barrel. This room is also fitted with a blower for mixing air with gas.

The door at the rear or west end opens into a large, sunny drying-yard surrounded with a lattice fence with a cinder floor. As much outside drying as possible is done here in pleasant weather.

The cost of building was considerable, but considering the high grade construction and material used, with the present high prices of such materials, and labor, we feel that the results justify the expense and that it has been a good investment.

FIG. 2.



WASH ROOM
St. Luke's Hospital, New Bedford, Mass.

I am glad to be able to give the actual figures, which are as follows:

Carpentering and building.....	\$9,541.00
Plumbing.....	1,800.00
Heating (steam fitting).....	1,130.50
Electrical work.....	115.00
Electrical fixtures.....	34.80
Gas piping.....	71.00
Concrete flooring.....	821.00
Hardware.....	66.25
Machinery.....	1,826.00
Screens.....	98.00
Furniture.....	114.00
Total.....	<hr/> \$15,618.06

The lighting is by electricity, the heating by steam, which is supplied for the engine and mangle from the central heating plant, a distance of two hundred (200) feet. A gauge conspicuously placed on the wall tells the exact number of pounds being supplied. The cost of digging the trenches is included in the figures for steam-fitting.

The body ironer and hand irons are heated by gas and air. The building is in communication with all parts of the hospital by means of a telephone.

A two-wheel push-cart is used for transporting the linen to and from the hospital. In stormy weather the baskets are covered with pieces of rubber sheeting.

Returning to the cost of the building. Many small hospitals could hardly afford to put so much money into a laundry. This building could be considerably modified as to cost. Cheaper building materials could be used, the size reduced, as every foot of outside walls increases the cost considerably, plastered walls introduced, etc. I should recommend, however, that wooden floors and sheathed walls should never be used in a laundry; the reasons for this are so apparent it is hardly necessary to mention them.

At the present time this laundry handles five thousand (5,000) pieces weekly, it is capable of more than doubling the work without additional machinery, as many days the washers are not in operation more than three hours. Three employees do all the work for a daily average household of one hundred and twenty-seven (127) (30 nurses, 5 officers, 22 domestics and 70 patients). It was our custom formerly to allow the employees throughout the hospital to do their own laundry work, a special time being arranged for them. Since opening this new laundry I determined to change this system and have all their work

done for them. This has been a most satisfactory arrangement, there now being no excuse for the house help loitering around the building.

The laundry force consists of three persons, one man and two women: these are fed by the hospital, but live outside. The man transports all the linen, soiled and clean, looks after the engine (consequently he must be a licensed fireman) and machinery, keeping them clean and making repairs. He does all the washing, and extracting, works on body ironer and mangle, and cleans the windows, walls, and floors. The two women sort the linen, work on body ironer and mangle and do all the hand ironing, keep the ironing, sorting and dressing rooms tidy. We employ only the best of laundry help, pay them good wages and expect to get good work. A man who is required to do the work mentioned must be intelligent, honest and trustworthy. If we get these virtues we must expect to compensate accordingly. Cheap, unreliable laundry help is in the end very extravagant. The women we employ must come up to the same standard.

It will be noticed that we put in a sixty-four inch mangle instead of a one hundred inch. This was intentional, as the latter requires four people to manage it while the former requires only two, one on each side. The one hundred inch is very expensive to clothe and to run, it therefore seemed wiser to use the smaller mangle until we were obliged to increase our laundry force.

The nurses' clothing is listed and sent to the laundry in bags, these are sorted and checked off twice by a pupil nurse before and after laundering, making them up finally into bundles ready for delivery. Since the introduction of this system, there has been no difficulty with the lost and unmarked linen question.

To conduct a laundry economically and satisfactorily should be the aim of every individual who is responsible for this department of the hospital work. To accomplish this work, a careful system must prevail, special days must be arranged for washing nurses' body and bed linen, for table linen, flannels, help's linen, gauze, bandages, etc., and as great care should be exercised in the return of the same; ward linen sent one day should be delivered the next, and never allowed to accumulate in the laundry.

Special rules should be printed and framed, governing the care of the laundry, control of visitors, etc. Careful oversight should be given to the use of supplies of all kinds and all avenues of waste and extravagance checked at once. The careful use and careless abuse of the machinery should be taught and investigated continually. The cost of operating a laundry is considerable even with the closest and most care-

FIG. 3.



IRONING ROOM
St. Luke's Hospital, New Bedford, Mass.

ful economy. Steam, water, supplies and repairs all count up in the most appalling manner. Whether it is more economical to conduct your own laundry or send your soiled linen to a commercial laundry, is a question I am not prepared to answer. The very limited experience I have had in that direction has not been very encouraging and the results we have obtained from our own laundry have been exceedingly satisfactory. We pay our laundry help ninety-seven dollars per month, laundry man fifty dollars, one laundress twenty-seven dollars, one twenty dollars. These figures may seem high, but as I have no housekeeper to oversee the laundry work, I must depend upon the help to do honest work with such daily supervision as I can afford to give, and it would be out of the question to employ ignorant, unreliable help.

All the sorting is done by these three; torn linen, up to a certain point, is delivered in the sewing room. They begin work at seven A.M. and leave when the day's work is finished; on Saturday they usually leave by two P.M. and don't return to the hospital until Monday morning. They are obliged to leave the laundry tidy, linen sorted and packed ready to deliver at seven A.M., before they leave the building. Saturday morning, a thorough cleaning is given the entire place.

I have gone into details, hoping that by so doing, I should be of some real assistance to the superintendent who is struggling with the laundry question. I do not claim that our system or building is the best, but I find the greatest benefit in studying prevailing methods in other institutions, consequently I have not hesitated to describe our modest plant and its working system.

For further details as to washing, mangling, and practical laundry work in operation here, I should like to refer the reader to my paper read before the Superintendents of Training Schools in April, 1906, and afterwards printed in *THE AMERICAN JOURNAL OF NURSING* for July of that year.



AN INOFFENSIVE LIGHT.—*The Medical Record*, quoting from *The Nurses' Journal of the Pacific Coast*, says: A convenient night-light for a sick room in a country house in which there is neither gas nor electricity may be improvised by hanging a lantern from a hook screwed into the bottom of an upper window sash on the outside. The light within the room may be regulated by raising or lowering the shade. This obviates the heat and odor from an ordinary lamp in the room.

THE CRUSADE FOR ALMSHOUSE NURSING

By L. L. DOCK

THOSE of our members who are interested in the almshouse crusade will follow with sympathy the valiant fight now being carried on in Michigan; and others, perhaps not yet awake to it, will become stirred by the knowledge of the conditions that may be found in our supposedly civilized land.

In the middle of January last a committee of tax-paying citizens, accompanied by a visiting nurse and headed by Mrs. Caroline Bartlett Crane, visited the county almshouse of Kalamazoo, and drew up a unanimous report of what they found. The report, as to the condition and care of the sick ran as follows:

1. The sick and the relatively well intermingled, to the discomfort and danger of both.

2. No records kept of treatment of sick. No records of visits by physician. It seems evident that the physician usually calls but about once a week, and, with a yearly salary of one hundred dollars, with seventy-five inmates, most of them sick, the medical attention is, in our opinion, entirely inadequate.

3. No notification to keeper or matron of diseased condition of persons becoming inmates.

4. Large number (probably fourteen) of men, sick and well, crowded together in one side of unsanitary basement, lacking in means of ventilation; one man apparently very ill, in a room removed by another room from the hall, and the small high window stopped with paper or rags so it could not be used for ventilation. All the windows small, and five feet or more from the floor. No window boards anywhere in the institution to prevent direct drafts on beds in case windows were opened. The testimony is that they are not opened at night.

5. A man, apparently very ill with consumption, coughing and raising quantities of sputum, found in a windowless room off of the basement hall, which room is totally dark and without any means of ventilation. This room is painted a dark stone color, and is called "the jail." The man was said to be there because there was no room elsewhere for him.

6. Another aged man in room adjoining, whose only light came from a small window letting into a storm-door inclosure, the door opening, however, into a non-communicating part of the house.

7. No night clothes for any of the men inmates, whether sick or well; they sleep in their underclothing.

8. No attention paid to sick diet.

9. Inmates, whether sick or well, using same filthy roller towel.

10. Total lack of nursing care for cure of disease, alleviation of suffering and for prevention of sickness by contagion and from unsanitary conditions in general.

11. Sick woman locked into remote room, day and night, where it would be difficult or impossible, at least at night, to summon any help.

12. We hold that all of these conditions are unnecessary and that many of them are cruel. This is the more the case since there are several unoccupied beds in sanitary and commodious rooms on the second floor of the institution, where a hospital, with a nurse in charge, might give the sick humane and curative care, while relieving the well of the dangers of constant daily association with them.

The conditions as to the well were equally open to criticism, but for lack of space I will omit that part of the report and quote "As to Children in the Almshouse."

1. Four children were found in the almshouse. It appears that one girl who was sent there last October, a few days before her 13th birthday, has like other children, not been allowed to go out of doors, but has, until about two weeks ago, worked in the basement washing dishes and doing other work, where men inmates are in the constant vicinity. This girl was pregnant on coming to the almshouse, and was sent there because she had a venereal disease. Upstairs she was in unrestrained companionship with the other children, as well as with the older women.

2. The visiting nurse reported the heads of the children and of some of the adults to be infested with lice.

The report then considered the general administration, and concluded by requesting an inquiry into the whole management. As certain political interests were keenly rapped by these justifiable criticisms, the politicians in question attacked Mrs. Crane virulently in the public press, hoping by personal abuse to turn her attention or discredit her. At first, the daily papers, the respectable citizens, and even the clergy, were disposed to remain neutral, but this fearless reformer carried the truth to the public ear so determinedly that their neutrality was overcome. A month later, the controversy still being heated, she explained in detail many of the faults of administration in a public letter to the *Gazette* (February 8) and told the distressing story of the little girl, as follows:

As to the children at the county farm, Mr. Koster says: "We all know it is no place for them, but we can do nothing else, there being no other place to send them under present laws. If there was, our county agent, Mr. Merrell, would see that they were sent there. I wonder if Mrs. Crane would consent to take one of them into her home and care for her until some place could be provided."

Mr. Koster knows that, at the last meeting of the board of supervisors, both Mr. Merrell and myself appeared to call attention to the section of the juvenile court law commanding boards of supervisors in each county in this state, within

ninety days after the law went into effect, to provide and maintain, at public expense, a suitable place of detention, separate from the jail, "located both for convenience of court work and with a view to the healthful physical and moral environment of all children within the provisions of this act." The law further provides that such a place of detention shall be in charge of a matron or other person capable and of good moral character. There is another section of this law which provides that any diseased child within the provisions of the juvenile court law shall be sent for treatment to a hospital, at county expense.

In the light of these facts, it hardly seems that the duty of providing a place for these children rests more heavily on Mrs. Crane than on the board of supervisors, or even the chairman himself. At least it cannot be said that she is to-day in open violation of the law in not having provided a proper place for such children.

However, I did offer to do much better than to take one of these unfortunate children into my home. It was the little girl whose case was described in the committee report above.

I first heard of this girl when she was still confined in jail, and, learning that there was a likelihood of her being taken to the poorhouse, I at once wrote to Professor Cowie of the medical department of Michigan university, asking if it would not be possible to admit her to the free children's ward of the University hospital for treatment of her disease, with the understanding that if she proved to be pregnant, also (the matter being at this time in some doubt), she could be transferred to the maternity ward of the hospital. I have the letter of Professor Cowie saying that the girl might be sent at once.

I immediately informed both the county agent, and one of the poor superintendents, that the girl could be sent to the University hospital. The superintendent of the poor said that the child had not yet been turned over to his care, but that he thought it would be a good plan for her to go to Ann Arbor, and that I might speak to Dr. Shillito, county physician, about it, and if he approved, it would be all right as far as he was concerned. I immediately consulted Dr. Shillito who gave his heartiest approval of the child's being sent to Ann Arbor. I even offered, since I was about to go to Ann Arbor, to take this child myself, without any expense to the county, and see her safely into the hospital, if this would help to get her there.

The next I knew, a few days afterwards, the girl was in the poorhouse, where she has remained since the first week in October, never having been permitted to go out of doors in all that time. When I asked the poor superintendent why he did not send the child to the hospital at Ann Arbor after she was turned over to his care by County Agent Merrell, he said:

"Why, Mrs. Crane, she wasn't fit to go to a hospital. You don't know what a bad girl she is." Apparently she was not thought unfit, morally or physically, to associate freely with all the other children there, or to be in constant daily contact with the men in and about the basement kitchen. It would seem that this child was, in effect, sentenced without trial to the poorhouse because of her alleged character. Perhaps I am in error in holding that our poorhouse is not a penal institution!

Justice compels me to say that I do not regard the poor superintendent as alone responsible, yet it was clearly in his power to have sent this poor wronged child to a hospital, and he chose to send her to the poorhouse instead. It did not seem to me that any little girl whom life has used so terribly, is to be con-

demned as "bad," and denied all opportunity and incentive to be better. I know that when I spoke a few kind words to her that day at the poorhouse, she threw her arms around my neck and sobbed, and tried to tell me something which showed that she was not past being reached by good influences, such as would have been thrown around her in the University hospital. There, no one's estimate of her character would have stood in the way of the best help the state could have given a child so terribly sinned against as she had been, and then consigned to the tender mercies of jail and poorhouse.

This child stated, to our visiting nurse, that she had never had any medical treatment whatever since she had been in the almshouse, where she was sent because she could not enter a state juvenile institution until she was cured!

Conditions such as these go far to show why women—intelligent and able women, not servile ones, should have, not only *positions* in such institutions, but a share of *power*, so that these evils, all of which lie strictly in the sphere of *housekeeping* and *nursing*,—two spheres which have always been lauded as women's own—might not occur. How I wish that our women's eyes everywhere might be opened to realize that only by possessing their rightful share of our municipal and state and national government can they ever hope to claim their right and their duty of carrying the standards of good homes into public institutions. What selfishness to think only of one's *own* home! Well might Mrs. Crane entitle one of her public talks "*The Wrong of Minding One's Own Business.*"

LESSONS IN DIETETICS

BY MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and of the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Illinois

(Continued from page 448)

THEA, TEA

TEA was introduced into Europe by the Dutch East India Company in 1610. On account of its high price, it was used sparingly at first, but as it has been grown more cheaply, its use has been greatly increased. Until 1862, tea was mostly obtained from China, but it is now grown in Japan, Ceylon and North Carolina as well. Its use in this country has been estimated to reach six pounds annually, per person. The plant flushes, or sends out young shoots, four times in the year, and is picked at each flush. In China and Japan the best tea is obtained from the first flushing, but in India and Ceylon this is not the case. The

different varieties of tea are named from the different leaves from which it is produced. The upper leaf is known as the pekoe which is the most choice; the lower leaves have different names and are less choice.

The treatment of the leaves after being picked varies according to the kind of tea to be produced, black or green. For the production of black tea, the leaves are withered in the sun, then rolled till they become soft and mashy, the object of this being to break up the fibre and cells of the leaf and liberate the constituents, so that they are afterwards more easily extracted. They are then made into balls and allowed to ferment. During the process of fermentation, some of the tannic acid in the leaves appears to be oxidized and converted into less soluble forms, while more essential oils seem to be produced and a certain amount of bitterness developed. After fermentation is complete, the leaves are oven dried, and then fired in a furnace.

For the production of green tea, the fresh leaves are withered in hot pans at a temperature of one hundred and sixty degrees F. (Chinese method), or steamed (Japanese method); then rolled to break them up and liberate their juices; then withered again, sweated in bags, and finally submitted to a prolonged and slow roasting.

On an average, one may say that the proportions of the active ingredients in ordinary teas are as follows:

Caffeine.....	2-4 per cent.
Tannic acid.....	10-12 per cent.
Volatile oil.....	½ per cent.

If tea is infused for five minutes in the usual way about twenty-five per cent. of the weight of the leaf goes into solution. In the ordinary cupful of tea, is found about fifteen grains of solid matter. The caffeine is so soluble that it is practically all dissolved out of the leaf immediately infusion has begun. This is not the case with the tannic acid. There is, certainly, less tannic acid after three minutes infusion than after five and less after five than after ten; but beyond that one does not find much increase, for by that time practically the whole of the soluble matters have been extracted from the leaf.

The addition of milk or cream is to be commended on hygienic grounds, for the albuminous matter of the milk tends to throw down some of the tannic acid of the tea in an insoluble form. Sugar does not in any way increase the healthfulness of the beverage but adds considerably to its nutritive value. All second brews should be avoided.

COFFEE

Coffee was introduced into this country in 1652. It is derived from *Coffoea Arabica*, originally produced, as the name implies, in Arabia, but now cultivated in many tropical countries. The plant produces three harvests annually, the fruit resembling a cherry, in which the coffee bean corresponds to the stone. The bean consists of two halves placed face to face and enclosed in a husk. The pulp is softened by fermentation and removed, and the beans, still enclosed in their husk, are dried in the air. The husk is separated by rolling and the beans are then separated from the delicate parchment-like skin which covers them, and are assorted according to size.

The common varieties are: Mocha, Myson, Ceylon, Costa Rica, Java, and Brazil.

In order to prepare the beverage, the berries must first be roasted. The chief physical change which results from roasting is that the berries are rendered brittle and can now be ground. Chemically, they lose from thirteen to twenty per cent. of their weight, mostly moisture, caffeine and fat. The most important substance produced in the coffee by roasting is an oil, *caffeol*, to which the aroma of coffee is due. The ground coffee bean is used in the making of the infusion which is used as a beverage. From twenty-five to thirty-five per cent. of the coffee used in making the infusion goes into solution. Coffee may be adulterated, when sold as ground coffee, with roasted and ground beans or with chickory, the root of the wild endive, kiln dried and broken. The secret of having good coffee is to make it strong and to make it hot. Three parts of milk to one of coffee is about the proper proportion of *café au lait*.

Coffee is used as a diuretic, a heart or brain stimulant and a stomachic. It is valuable in the treatment of opium-poisoning. Taken in excess, coffee will cause dyspepsia, nervousness, wakefulness, muscular tremors and palpitation of the heart. Coffee owes its activity to its alkaloid, caffeine, which is identical with thein, the alkaloid of tea.

(*To be continued.*)



CORROSIVE SUBLIMATE.—It is said that much less pain is caused by solutions of bichloride of mercury when applied to mucous or raw surfaces if they are made up with normal salt solution instead of water.

THE CARE OF AN INCUBATOR BABY

By JESSIE FORSYTHE CHRISTIE

Graduate of the Illinois Training School

THE care of premature infants is the most interesting, absorbing and gratifying work a nurse can find to do. An article* has already been written on the care of a premature baby at birth, so I will only speak of it after it has been put into the incubator.

There are several incubators which can be rented for use in the home, but I have found that unless the child can be taken to an incubator station, a large clothes basket, lined with hot water bottles and placed in a room which must be kept at an even temperature, answers as well as those which can be rented.

The temperature of the incubator must be regulated to suit the conditions of the child; 89° to 90° is usual, but if the child is in poor condition and has a subnormal temperature the incubator may be warmer. As the child gains, the temperature is gradually reduced.

An incubator to be successful must have a continual supply of warm, fresh air from the outside which has been freed from impurities and moistened. The infant requires careful and constant watching, but should be handled as little as possible, the greatest care being taken not to jolt or jerk the wee mite, as the slightest shock might cause a cyanotic attack.

The baby is clothed in a soft woolen shirt and a loose woolen dress, the diaper is pinned on very loosely and great care must be taken to avoid wrinkles or ridges in the clothing under its back. One wrinkle is sometimes sufficient to stop the circulation.

It should be oiled daily with pure benzoinated lard, the first few days without removing its clothes or taking it from the incubator, but as its condition improves this may be done quickly in a warm room on the nurse's lap. After the first two weeks a hot dip can generally be given every day until the child is strong enough for the usual bath.

Mother's milk is the only food for premature infants and must be obtained. The amount given is regulated by the size and condition of the child. If the baby can suck and swallow a tiny bottle and nipple can be used; if it can swallow but is unable to suck, it must be fed with a medicine dropper. If it can neither suck or swallow, or if doing so

* AMERICAN JOURNAL OF NURSING, May, 1906.

causes exhaustion, it must be fed by lavage, using a small soft rubber catheter for a stomach tube, attached to a small funnel.

If this method is used, great care must be exercised and of course the infant must be removed from the incubator and placed on the nurse's lap for the feeding.

If mother's milk is unobtainable, whey can sometimes be used for a few days.

Cyanotic attacks or blue spells occur very frequently. They are caused by insufficient feeding, overfeeding, indigestion, choking, and exhaustion, hence the need of constant watching. The child just stops breathing, turns blue, and unless immediate help can be given may die. Artificial respiration should be started at once; while this is being done a hot bath should be prepared, and if the child has not started to breathe, a hot dip given.

The intestinal tract needs constant attention. Normal salt flushings are useful for cleansing and stimulating purposes.

The temperature of the infant should be taken every four hours, a rise of temperature may be caused by the incubator being too hot, by insufficient feeding or irritation of the bowels.

The time of removal from the incubator depends upon the growth and development of the child. It should always be done gradually.

A PLAN SUGGESTED FOR PROVIDING SKILLED NURSING FOR THOSE OF MODERATE MEANS

BY JENNIE M. WALTERS

[The following paper was read at a meeting of the Graduate Registered Nurses' Association of the County of Kings, by Miss Walters, chairman of a committee which had been appointed to investigate the best means of nursing those unable to employ trained nurses at full rates, and is the result of the study devoted to the subject by that committee. Ed.]

THE question, as we understand it, is how can we provide skilled nurses for the middle classes, who cannot afford the regular nurse's fee? At present they must accept the charity of some kind-hearted nurse who will either give her time and service free, or will work for less than the regular rates which, when analyzed, is a form of charity.

I will not take your time to go into the details of the many inquiries we have made of the numerous visiting associations. We found these without exception to be more or less of a charitable nature. We have tried to devise a plan for an organization whose object should not be

to dispense charity, but a plan whereby the nurse should have occasion to feel well paid for her services, and the family would be able to feel that they were not dependent upon charity.

We would advise starting a home or headquarters which, in many respects, would resemble the settlement homes with which many of us are familiar, a house which would accommodate eight or ten nurses to begin with and which would be in charge of a Chief Nurse or Supervisor. We will consider that for such a house, the rent would be about fifty dollars per month. The heating and lighting would average about six dollars per month. The salary of the head nurse would be sixty dollars per month and room rent, and the salary of the eight nurses fifty dollars and room rent, making a total of five hundred and sixteen dollars per month. Perhaps a salary of fifty dollars sounds very small, but after talking the matter over with several nurses, I find that a great number would gladly accept that amount for such work, knowing that it would be a regular income, whether employed or not, and that the hours of duty should never exceed twelve hours daily. The plan of providing meals used by the Henry Street Settlement of New York, suggests itself favorably. A cook is hired, and the catering is done by the head nurse, the expense being divided equally among the nurses monthly. The duty of the head nurse should be to make arrangements for the calls, all calls to come through the physicians, thus making it possible to more carefully inquire into the financial condition of the family, and preventing those able to pay full rates, from taking advantage of this organization. She should assign the cases to the nurses, arrange their hours, etc. For a nurse's services, not to exceed twelve hours daily, a charge of sixteen dollars to twenty-one dollars per week should be made. For nursing by the hour, such as dressings, operations, baths, etc., a charge of one dollar for the first hour, fifty cents for the second hour, and twenty-five cents for each succeeding hour should be made. Suppose that six of the eight nurses were continually employed at the minimum charge of sixteen dollars per week, the income from that source would amount to three hundred and eighty-four dollars per month, and if the remaining two nurses, doing hourly nursing, were employed for four hours daily, this would amount to about one hundred and fifty dollars per month, a total of five hundred and thirty-four dollars monthly. You will remember that the total monthly expense as estimated, was five hundred and sixteen dollars or eighteen dollars less than the estimated income. Of course this is reckoning very closely but we believe that in many cases, more than the minimum charge could be made, and so increase the income.

Another plan which might be adopted, is having a loan account. This might be started and even maintained by subscription, and its object be the following. In cases where a family found it necessary to have, for the time being, a second nurse, and could not at once pay for the same, a loan for that nurse's fee, might be made to the family and paid to the organization, allowing the family to repay when possible at some future time. There are many other ideas, that might later be developed, such as a renting closet, which would take the place of the loan closet of the visiting nurse associations. Here could be kept a supply of articles that could be easily sterilized, such as blankets, sheets, water bags, douche bags, etc., and even gowns might be rented for a small sum and so add to the income of the Association, and save the family the expense of buying the otherwise unneeded supply. The plan which we have tried to roughly outline seemed to the Committee, a feasible one, which, with the help and backing in the beginning of any one of our nurses' associations, might become almost immediately self-supporting, and fill in our city a long felt and great need.

THE PIONEERS OF THE NEW YORK HOSPITAL TRAINING SCHOOL

By ADELE M. HODGSON

Graduate of the New York Hospital Training School

BEFORE we speak of ourselves, we must, for one moment, think of Florence Nightingale, the first and best and greatest of all pioneer nurses, in memory of whose services in the Crimean war, the first Training School, The Nightingale, was founded in England to begin the systematic training of women. In this country the first schools were founded in Boston and New York in 1872-1873, and our school at the New York Hospital, on West Fifteenth Street, followed in 1877. We may therefore claim a place among the pioneers.

The word defined means—one who clears the way for others, and suggests hardships and trials, calling for fortitude, energy, patience and perseverance. On that score I do not think the classes of 1879-80 can command extreme veneration or awesome respect. The way, as you see, had been cleared for us. The old New York Hospital had given place to the beautiful new building. The Governors had fully decided to have a school for gentlewomen of education, culture and good repute, who should also do the very practical work, while being instructed personally by physicians and surgeons, and a competent graduate nurse. We were

much admired, and we admired ourselves exceedingly. We met with much consideration and were not backward in making our wants and grievances known. In fact we each felt called upon to take a hand and have a voice in getting the school in running order, and at the end of three months we were ready to request the removal of the old experienced nurses retained for our benefit, feeling rebellious against them, and in our self-confidence quite capable of taking their place. It was, I am sure you will quickly see, a case of "fools rushing in" where wiser ones would count the cost. And *then* our real trials *did* come.

Two experienced women were retained for head nurses, and the widows and older ones were put in charge of the wards. Work, study, and the anxiety of responsibility began in earnest. Some of us were very young in years, fresh from country homes, knowing absolutely nothing whatever of pain and sickness. In fact without any true conception of life anyway. Utterly ignorant of the wonderful anatomy of the human frame or of physiology, we were thrust into positions of authority and responsibility, without the gradual preparation which you all receive now; without the calm, sure self-confidence which comes from helping and watching others first.

We had a term of only eighteen months, in which, while working far beyond our strength, in this new exciting, absorbing field of labor, we were expected to absorb the necessary knowledge of anatomy, physiology, and circulation, with all the science of the care of sick and injured men, and women and children, and administration of remedies added.

We were crammed with lessons and lectures at all hours, and every day. For recreation we dissected ox-eyes, cats, rats, and bandaged the convalescing patients. In addition, some of us took a course in chemistry at Cooper's Institute evenings, the Governors employing the Broadway stages to transport us. What a blessing it has been to those that came after us, that one of the graduates came back to say we must have two years in which to study, and prepare for such grave responsibilities, and, after a time, to say we must have *three* years, and more personal instruction.

You cannot wonder that many pupils were worn out by this desperate straining for rapid accumulation of exhaustive experience and knowledge, and by that our successors have profited.

While we did not have the beautiful home, with luxurious suites of rooms, reception parlors, lecture-room, and spacious dining-room, we were contented; looking forward to the work we were to do outside, and we had many a pleasant meeting together for a quiet talk, and singing in the Solarium, after the patients had left it at night. We all remem-

ber well Thanksgiving, 1878, and an entertainment we gave up there for the patients able to be carried up. There were tableaux, songs, shadow acts, and so forth, followed by dancing. And the class dinner we had in the small dining-room, each one contributing to make it a success! Not much like the receptions, fairs, and entertainments you have now.

We had to sweep and dust the wards, scour pans and bath-tub, wash dishes for the patients, and be our own waitresses in our own dining-room at first. Sometimes there were three nurses in a ward but often only two, and a night nurse had care of two wards. But with all this, we have a warm remembrance of the kind courtesy and respectful consideration exhibited towards us by the governors and superintendents of the hospital, who improved and corrected constantly as they saw these errors of judgment.

And so in that way we *did* clear the way as pioneers, until step by step the nurses have come into their present perfect home life and educational curriculum.

We did not have in those days one desperate rush in the operating-room for twelve hours every day; two or three surgeons operating in different rooms at the same time, calling imperatively "next, next" for the ones waiting their turn in the etherization room. We had no laparotomies, an amputation of a leg or arm, or breast, was a big affair. Invitations were sent out to doctors and students on postal cards. We had no typewriters. The surgeons all wore red calico gowns, and while the patients were being etherized gave us a little history of the case. They had also time to look over and correct the notes of their lectures which we took down.

I commenced by saying we do not deserve the name of pioneer, but have convinced myself that we do. Anyway, without question, the name belongs to us as private nurses, going out into cities, towns, and villages, from one end of the country to the other. Nurses were so few that we were even telegraphed for from California and Mexico. We would return from the theatre to find a cab and messenger had been standing two hours waiting, and we did not feel privileged to refuse to go, as nurses do now. We formed a habit of leaving the number of our theatre seats, or the location in church that we might be followed and called out. We had to be good, all around, versatile nurses. No specials in those days for surgery, for contagious diseases, for insane, for men, and for children, for old people and so forth, as now. We were not allowed to plead unfitted for anything, save obstetrics, in which some of us took a course later to supplement the theoretical lectures. In private nursing

we were expected to sweep and dust the room, which, even in a case of diphtheria, was often furnished with velvet carpets, heavy draperies, and upholstered furniture, which we had to do the best we could with, and afterwards fumigate with sulphur, and clean the room. The board of health will do that now and, besides, people are so educated that we find the room easy to take care of, and our full strength may be given to our real mission, nursing. Many a pioneer has broken down under private work, and people would say "Poor girl! she undertook more than she had strength for." "Well! don't you think she did? I remember well the first velvet carpet I ever swept with a broom, and not a sweeper such as we have now. It gave me a lasting dislike for such luxuries.

We were expected to nurse the entire family, servants included. I have nursed scarlet fever in one room, a child with acute illness in another, with a maid on the top floor ill at the same time, and after all had recovered and the fumigation accomplished without removing the carpets, had a serious operation on the same floor, and we had only the help of some frightened, nervous member of the family who, while we slept the two or four hours which was all a nurse needed in those days, would undo our efforts by experimenting a little on her own account, or waken us every hour to ask some trivial question. Well do I recall the terrible strain of a typhoid case. Isn't it good to know that now the doctors demand two nurses for such cases, and sometimes even three, that no one weak woman carries responsibility alone! The pioneers had no telephone to relieve the tense, anxious strain. Sometimes we were miles distant from a doctor in the country, and obliged to rack our brains at midnight to remember instructions for emergencies, climax, or sudden development of complications, never daring to leave our books behind us. We were almost in the position of young doctors without the advantage of their education, and if, after all, the patient died, the overwrought young nurse, feeling herself as Providence to her patient, blamed her own weakness and ignorance in self torture.

Now, in these blessed days, we have only, wherever we are, to step to the telephone, put the receiver to our ear and tell our perplexities to our chief who, miles away, can still take the responsibility and anxious burden from us.

We did not have all the wonderful remedies for relieving pain, for cutting short the time of suffering, or rapidly curing. We had therefore to carry a strong moral and mental support, helping to bear cheerfully and bravely what could not be taken away.

Rev. Philips Brooks said "We are all born to die." What more

noble work can we find than to make life more glad and comfortable for others, and death less to be dreaded?

The pioneers had character, *must* have had, or they would not have stood this test of years; and character only is the powerful thing to be relied upon as the foundation to put a good training on.

President Roosevelt has said "It is better to be faithful than famous." One may become famous by being faithful, but that depends upon the appreciation and recognition of others, therefore it is not in one's power to command success in that way, but all may deserve it, and enjoy their own good conscience and self-respect.

Hawthorne said "Recognition makes a man humble." The gratitude of patients has often made us feel very humble. We have striven to keep up with the rapid progressive march of surgery and medicine, and nursing ethics, and recognition makes us humble as well as proud. We see our earlier experiences through the golden or the grey mists of years that lie between. We have in mind and heart memories of those who started with us, and have fallen by the way in harness, and have gone to their rest and reward.

The pioneers can testify that it is a life of sadness and gladness. We rejoice in the tense strain, the steady pressure of the heavy burden, and then it is lifted, and we welcome the glad relief, the well-earned right to rest; and the success and gratitude make us very humble, because we know that we are only the instruments used by God.

A nurse's life is so bound up in the lives of others that our noblest achievements, our best deeds, or greatest self-sacrifice, must of necessity only be known to ourselves. What matter? We have made true friends for life. Our names are written in many hearts to whom we were not merely nurses from a big hospital, but "Mothers in Israel," saving lives from the enemy.

There was danger to the pioneer that the idea of rescue, of being useful, and necessary to others, should so take possession of her mind, that she ceased to care enough for herself, allow other talents to rust, neglect culture, lose proper and natural vanity, and thus by belittling herself defeat her object, lessen in time her powers, and interfere with her mission to bring cheer, hope and comfort.

If a woman does this in unselfish unconsciousness she will find herself a back number, laid upon the shelf as an antiquity years too soon, all her years of experience and acquired wisdom of little use. That is too bad. It should not be. Do not do it. Open the windows and look out from the atmosphere of microbes into the fields of brightness; drink of the wells of healthy joyous all-round culture, and get relaxing

recreation. We must be good to ourselves, as good and kind as we are to others. Do not monopolize all the self-sacrifice, and unselfishness. Give others a chance to become saints as well as yourselves; to cultivate some of the christian virtues, while we cultivate some of the christian graces.

It makes the class of 1879-80 feel old in experience, though not in years or spirit, to see all these new ways, to keep up by study and practice in hospitals, from time to time, with the changes, to do the new ways while still thinking of the old, so indelibly stamped upon memory by repeated practice.

We indeed congratulate those about to enter upon a three years' course, upon the way made clear for them to get a complete training before being sent out; and we cordially reach out our hands in unity of aim and interest. Only the united loyalty of different classes and nurses, to each other as a whole, will bring harmony, and the want of such harmony will cripple our influence and success as a body, and hamper each individual.

NURSING PROGRESS IN DENMARK *

BY MISS BODIL HELLFACH

LADIES: In reading you some facts about nursing in Denmark, I must explain that until yesterday I had supposed that a more qualified representative than I would do this, and you must excuse my lack of preparation.

Thirty years ago a few young women from the upper classes went for the first time to work in the hospitals. They met with much resistance and ill-will from the physicians and the authorities, but they worked patiently on, and so well, that this opposition soon disappeared, and more than a thousand others followed in their steps. There are now educated women in all of our great hospitals, some of which are old, others new and up-to-date, and the practical nursing in Denmark has now a high standard. The authorities have improved conditions and many hospitals have comfortable nurses' homes, the Kommune Hospital having built a fine one last year. Hours of duty have also been shortened, but we need to have matrons in our hospitals, we need regular training schools with systematic courses of training, and state registration, for now any woman can call herself a nurse and deceive the public.

In 1899 the Danish Nurses Association was started with about fifty

* Read at the Paris Conference, June, 1907.

members, now increased to over a thousand under the presidency of Mrs. Henny Tscherning. It requires a three years' training for membership, and works in all possible ways for the progress of nursing and the benefit of the members. Much has been accomplished in the past few years, of which I may mention:

1. A residence for private nurses, with comfortable rooms and meals.

2. A home for nurses who wish to have further hospital training (post-graduate work).

3. A system of life insurance and insurance against illness.

4. A fund to assist nurses during their training.

5. Classes in sick cookery.

6. A journal of nursing.

7. A home of rest for nurses.

8. Monthly social gatherings during the winter.

We greatly wish to obtain state registration, and our committee has approached the government upon this question. We hope that in the near future we may succeed in fixing a minimum term of training by this means.



BIER'S HYPEREMIA IN CASES OF BURNS.—*The American Journal of Surgery* in a synopsis of a paper in a German contemporary says: The severe pain incident to burns, especially of those of the first and second degree, is rapidly relieved by applying an elastic bandage or a rubber tube central to the injured member. As most burns occur on the extremities the bandage is readily applied. The elastic constrictor should be drawn sufficiently tight to produce hyperemia, but not so tight as to obliterate the pulse or produce edema. According to the severity of the injury constriction is kept up ten, twenty to thirty minutes, the bandage then loosened slightly and kept on for the same length of time and then again loosened before its entire removal. Pain at once ceases and does not return as intensely, thus doing away with the necessity of employing narcotics. In deep burns, if constriction is used daily night and morning until epithelialization is complete, the resulting scar is less dense.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

MICROÖRGANISMS ON COINS.—A recent French investigator states that the average Parisian copper has 11,000 bacteria; gold pieces from 1,600 to 3,500; while silver coins have only from 450 to 2,100.

PROGNOSIS AFTER SWALLOWING FOREIGN BODIES.—Fischer reports a case in which a child, ten months old, passed per rectum an open safety pin which had been swallowed about four weeks previously.

TREATMENT OF SEPTIC WOUNDS.—For wounds that are septic or have an offensive discharge, Joseph Mullen, in *The Medical Recorder*, advises dropping twenty drops of 40 per cent. solution of formaldehyde on the dressing three times a day. The effect on the wound is excellent, the dressing does not require such frequent renewal, and the odor of the discharges is eliminated.

TO REMOVE IRON STAINS FROM THE TEETH.—The careful application once only of a solution composed of equal parts of crude hydrochloric acid and distilled water, is said by Combe (*Journal de médecine*) to remove the stains on teeth caused by certain preparations of iron. The solution should be applied by rubbing the teeth lightly with cotton wound around a wooden toothpick which has been dipped in the solution.

THE APPLICATION OF TINCTURE OF IODINE IN THE DARK.—In *The British Medical Journal* J. Dunbar-Brunton describes a peculiar property of iodine. If the tincture of iodine is painted on the skin in the dark, or is exposed only to a red light, such as is used in photography, and is covered immediately without being exposed to a white light, it will be absorbed with much greater rapidity than under ordinary circumstances, and it is said not to discolor or blister the skin, even if used for long periods.

INFECTIOUSNESS OF WHOOPING COUGH.—*The British Medical Journal* reporting an experiment to determine whether cats are susceptible to whooping cough, says: The conclusions to be drawn from the experiment would seem to be: (1) That whooping cough is beyond doubt an infectious disease. (2) That the specific virus is contained in the sputum or vomited material or both. (3) That infection may take place either during the process of swallowing or by ingestion of the infective agent. (4) That cats are susceptible to whooping cough and may therefore occasionally be the means of disseminating the disease.

METHODS AGAINST FLEAS.—The Medical Record quotes the following from *Science*: L. O. Howard says the following have been recommended: Fill a soup-plate with soapsuds; in the center place a glass of water with a scum of kerosene on top; place the soup-plate on the floor in an infested room, and set fire to the kerosene at night. Fleas in the room will be attracted and will jump into the soapsuds. It is also said that houses may be rendered immune by dissolving alum in the whitewash or kalsomine applied to the interior walls, putting sheets of thick paper that have been dipped in a solution of alum under the floor matting and scattering pulverized alum in all crevices where insects might lodge or breed. Powdered alum may be sprinkled upon carpets already laid and then brushed or swept into their meshes with no injury to the carpets and with the certainty of banishment to many insect pests, including both moths and fleas. Sheets that have been soaked in alum water and then dried may profitably inclose those that are spread nearest to the sleeper.

BABY'S BEDCLOTHES.—An editorial in *The New York Medical Journal* says: There are few parents who are not annoyed and even much disturbed by the persistent kicking off of the bedclothes by the baby and younger children. The performance is variously attributed, according to the training of the parents, to a manifestation of the "old Adam" and to indigestion. The universality of this infantile objection to bedclothing seems to us to point to a radical defect in the clothing itself. It is customary to cover the baby with a cotton sheet, a blanket or two, and a silkolene coverlet lined with cotton batting. These absolutely impervious coverings do not permit a particle of air to pass through, and the respiratory function of the baby's skin is quite inhibited. We suggest that a linen sheet be used to cover the baby,

although perhaps a cotton one may be allowed underneath; over this nothing could be better than an old-fashioned knitted comforter, such as is sometimes seen on baby carriages in cases where the baby has an early nineteenth century grandmother who has learned to knit. Such a comforter will be found somewhat costly to purchase, but not so costly, after all, as sundry visits of the physician to take care of a bronchitis or worse; it will admit air, permit the skin to breathe, be light on the baby's delicate body, and look as well as all genuine homemade articles look. If the baby has a normal digestion there will be no kicking off of such covering.

MANUAL LABOR IN PHTHISIS.—*The New York Medical Journal*, quoting from *The Lancet*, says: Paterson gives the results obtained in the tuberculosis sanatorium with which he is connected, of the introduction of manual labor as a part of the routine treatment of patients suffering from pulmonary tuberculosis. The grades of work are summarized as follows: 1. Walking from one half to ten miles daily. 2. Carrying baskets of earth or other material. 3. Using a small shovel. 4. Using a large shovel. 5. Using a pickaxe. 6. Using a pickaxe for six hours a day. Patients in grades two, three, four and five work four hours a day. The various grades are each subdivided into sections. The following points appeared to be determined: Suitably selected patients can be gradually trained to do the hardest laboring work for six hours a day, the result being that their general condition is much improved, whilst some lose both their sputum and tubercle bacilli. Certain patients who do not improve on light work show marked improvement on harder work. Patients who have slightly over exerted themselves and are kept at rest for the few following days are subsequently not only not worse, but may be in their own opinion better. The writer therefore concludes that graduated labor is a definite medical treatment for cases of pulmonary tuberculosis, and raises the general health and resisting power of the patients. The combination of rest, pure air, and overfeeding is not the only treatment for chronic pulmonary tuberculosis. Inman studied the effect of the hard work on the opsonic index of the blood of the patients. His results show that the exercise supplies the stimulus needed to produce artificial autoinoculation, and that its systematic graduation has regulated this in time and amount. With the aid of the opsonic index the stimulus can be regulated with scientific accuracy.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

ITEMS

MISS STEWART'S twenty-first anniversary at St. Bartholomew's hospital is to be celebrated next June by the Matrons' Council, with a complimentary dinner.

THE campaign of the women of England for the suffrage right is in the mind of the editor of this department the most engrossing and splendid thing that is happening on the planet. We see that a nurse was one of the last fifty who went to prison for the sake of future generations.

MISS NIGHTINGALE continues to receive belated honors from Englishmen. She has just received the Freedom of the City of London from the Lord Mayor and his Council. Is it possible they they are only beginning to realize what she has done? At this rate, the English nurses will get registration in forty-seven years. However, we cannot throw stones as our own house is partly made of glass.

The German Nurses' Journal continues the history of the modern movement in Germany. We are sorry to see that Sister Agnes has to call the members to account for carelessness in sending in their annual statistics. The presidency of a nurses' organization is a much more heavy responsibility in Germany, than here, because the government requires the most searching and exact statistics as a condition for legal rights. How strange that nurses should be so inconsiderate of the burdens of their leaders!

Epione, the wife of Asklepios, has given her name to the tastefully covered little journal—messenger of the Finnish Nurses. Alas! that we cannot read it! And yet, under the languages of Sweden and Finland in which it is printed, we can gather the gist of some of the lines—can make out, for instance, the announcement of the price of the Paris Transactions, and an article about the private nurses' home. Con-

gratulations and best wishes to our youngest press-sister, Epione. Nurses in America from the old country may subscribe through Mme. Mannerheim at the Surgical Hospital, Helsingfors.

As mentioned briefly last month, the British nurses have perfected their national body by adopting a constitution and abandoning their provisional form. They wished to enroll a membership of five thousand before completing their organization. They now have more than that number, and call themselves The National Council of Nurses for Great Britain and Ireland. This body includes Leagues (of one school), National Societies (as the Irish Nurses' Association), and general local associations (not limited to one school). Their standing committees as at present provided for are: Navy and Army Nursing, Poor Law Nursing, District Nursing, School Nursing, Private and Home Hospital Nursing, Convalescent Homes and Sanatoria, Prison Nursing, Mental Nursing, Fever Nursing, Obstetric Nursing, Hospitality, Library. The standing committees shall not be more than twelve in number. We thus see that our British sisters are prepared for work. At the first meeting of the new body permanent officers will be elected.

THE *Bulletin Professional* for February describes a modern school for training secular nurses in Brussels, the first one of its kind in that city. The regulations sound very well, and the Directress is one of the committee on admission of probationers. The course is three years, but two further years of service are required of each pupil. Their home is charming and comfortable; they are provided with uniform and receive a small allowance during the three years' training. The pupils are trained in different institutions, and are also sent (we are sorry to see) into private families. The periods of the different services are fixed by a committee on the recommendation of the Directress.

From the same journal we learn that there is also to be a bill presented to the Belgian parliament, designed to stimulate and extend better standards of teaching nurses by giving a state certificate to nurses, similar to that now given to dentists, druggists, and midwives. This is certainly very interesting. The preamble sets forth the present unintellectual status of nursing and urges state registration as an incentive. The nursing conditions of Belgium at present are just about what the doctors in New York who are leading the retrograde movement want us in this country to return to. What a pity that they cannot go to Belgium and the Belgians come over here!

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

VISITING NURSES IN CONNECTION WITH THE PHIPPS DISPENSARY, BALTIMORE

By M. F.

DURING the third year of the work of the Phipps Dispensary in Baltimore a notable change has been made in the duties of the visiting nurse. Early in the year two extra nurses entered the field of tuberculosis nursing maintained by funds from the State Association for the Prevention of Tuberculosis. These four nurses are under the supervision of the Instructive Visiting Nurse Association and have undertaken the general visiting of tuberculous patients throughout the city, which is, for this purpose, divided into four parts. This plan allowed one of the regular nurses to withdraw from the general cases and devote her time to special investigation and special nursing for the Phipps Dispensary cases. According to the new method established, a list of the new cases that come to the dispensary and are diagnosed as definite pulmonary tuberculosis is sent to the Instructive Visiting Nurse Association and the names of the patients are distributed among the four nurses according to the district in which they reside. These patients are visited by the nurses and cared for in the routine way. Twice a month there is a meeting of the nurses and the Phipps Dispensary staff, at which the cases are discussed from the doctors' and nurses' standpoint and condition compared. The nurses see that the doubtful cases return for examination, that early cases come for treatment, and that other members of the family who show suspicious symptoms go to the dispensary for examination. They are also expected to report on the conditions of the old patients. From the physicians they learn the condition of the patient, the possibility of improvement or cure, and the important points in their treatment. Through this routine, the special tuberculosis nurse gains a general knowledge of the condition of all the patients, and by its arrangement she is able to devote herself to more exclusive cases. These special cases are patients that the physicians select for more particular observation and treatment. Most of them receive tuberculin or Mar-

morek's serum either for diagnosis or for treatment. When a patient is selected as possibly a suitable subject for treatment he is referred to the nurse who supplies him with a thermometer and a record book, teaches him how to take his temperature and pulse, and how to keep a daily record of his symptoms and diet. She then visits the patient in his home, looks over his general surroundings, plans the arrangements for sleeping out of doors, and, when necessary, confers with the charity organization societies for various relief measures. When the patient returns to the dispensary the record books are brought with him for inspection by the physicians, and the patient's home conditions are known to them through the nurse's report. The nurse then visits such patients two or three times a week, or oftener, until they are thoroughly grounded in routine, when her more particular attention is given to new patients and the older ones are visited less frequently. It is often necessary also for the nurse to visit daily patients who are in bed, and she often must assist in the treatment and study of patients by observing symptoms in the home after they have received tuberculin injections at the dispensary.

The result of the year's work has proved most gratifying, the majority of the patients having responded very readily to the suggestions made them. A large number are sleeping out of doors, many having erected special porches for that purpose. Most of the patients have remained comparatively at rest during the treatment and have shown great aptness in observing their symptoms and accurately recording them in the books furnished.

Besides these visits to the patients' homes and controlling their records, the nurse has assisted in a limited extent with the work at the dispensary. The large number of patients to receive tuberculin injections has made this additional help necessary, for she can aid the doctors in giving the injections. This amount of dispensary work gives her an opportunity to become more intimately associated with the physicians' standpoint and with the character of the treatment. Under this new plan it is felt that the work of the nurse has been of more value to the dispensary and it has decidedly added to the interest and efficiency of her work. Her visiting list is smaller and she is able to devote more time to the individual cases, receiving much encouragement in her work by the remarkable improvement many of the patients make.

ITEMS

THERE are five visiting nurses employed by the Thalian Tuberculosis Dispensary at Toledo, Ohio.

EVERY visiting nurse ought to have a copy of Miss LaMotte's paper in the March number of the JOURNAL.

WASHINGTON, D. C., has two good openings for visiting nurses. Please apply to Miss Strong, superintendent of the association, 2001 I Street, N. W.

MISS McKECHINE, formerly with the Orange Hospital, Orange, New Jersey, is now supervisor of tuberculosis work at the Nurses' Settlement, Orange, New Jersey.

IN Miss Wald's paper in the March number of the JOURNAL on "The Duties of the Visiting Nurse to the Stranger within our Gates" (the immigrant), she certainly touched the well spring of our opportunities—endless opportunities—for preventive work. Her suggestions should be read and re-read.

OF SPECIAL INTEREST TO VISITING NURSES

NURSES are eligible to these awards of the International Congress on Tuberculosis, and every Visiting Nurse must strive for No. 3.

The committee has decided to award testimonials to especially meritorious exhibits. These testimonials will take the form of medals, diplomas, or money prizes.

No. 1. A cash prize of one thousand dollars is offered for the best evidence of effective work in the prevention or relief of tuberculosis done by any voluntary association since the last International Congress in 1905.

No. 2. A cash prize of one thousand dollars is offered for the best exhibit of a sanatorium for the treatment of tuberculosis among the working classes. This must be a detailed exhibit, covering construction, equipment and management.

No. 3. *A cash prize of one thousand dollars is offered for the best exhibit of a furnished room for the poor in the interest of the crusade against tuberculosis.*

No. 4. Several prizes of smaller value will be offered for educational leaflets. These prizes are designed to produce new educational literature.

No. 5. A medal is offered for the best exhibit illustrating effective organization of the anti-tuberculosis campaign in any state of the United States.

No. 6. A medal is offered for the best exhibit sent by any State or country (United States excluded), illustrating effective organization for the restriction of tuberculosis.

More detailed advice concerning the awards will be published later, or will be furnished on application to the Secretary General.

IMPORTANT NOTICE

A VISITING NURSE CONFERENCE

ALL nurses engaged in any form of visiting nurse work are called to meet in Chicago, April 25th. An invitation is extended by the Chicago Association to every visiting nurse in the country to attend this conference, which will be held at the Auditorium Hotel. There will be two or three sessions. At the opening one, on Saturday at ten-thirty A.M., Miss Jane Adams of Hull House will speak on the Visiting Nurse in her relation to the Public Schools. Judge Julian Mack will talk on her relation to the Juvenile Court. Miss Dock and Miss Damer will also make addresses. The Directors of the Chicago Association will entertain at luncheon, and the afternoon and evening sessions held at two-thirty and at eight will be given up to informal discussions on the various problems of the work of the nurses. It is not the intention to make the meeting irksome. Every visiting nurse is asked to come or to send some message or suggestion that will be an inspiration. Representatives from boards of directors will also speak from their point of view. The matter of a national seal will come up at this time. Suggested topics are:

- (a) Visiting Nurses in Out-patient Department Work of Hospitals.
- (b) Best Method of Forming a New Society in Any Locality.
- (c) How to Extend the Work into Country Districts.
- (d) Is the Uniform Necessary?
- (e) The Visiting Nurse's Salary.

The above is an urgent invitation to the meeting in Chicago, and is set at this time in order to secure the attendance of nurses who are gathering here on their way to San Francisco, taking the official train from Chicago, Sunday, April 26th.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

JOURNALS WANTED

CLEVELAND, OHIO, March 3, 1908.

DEAR EDITOR: We are very anxious to obtain the following copies of the JOURNAL in order to complete our volumes: November, 1902; January and March, 1903; January and September, 1905. Will be glad to pay all charges for same. I cannot get these copies from the JOURNAL office and trust some nurse will have them. The volumes are for the Visiting Nurse Association library.

MATILDA L. JOHNSON,
Visiting Nurse Association,
Cleveland, Ohio.

A NURSE'S POINT OF VIEW

DEAR EDITOR: There has been much discussion about the scarcity of probationers in hospitals. Every question has more than one side; no one, as far as I know, has given the nurse's side, it has all been stated from the hospital's and superintendent's standpoint. Did you ever inquire from private nurses or nurses' directories how much demand there is for trained nurses? If you will take that trouble, you will learn that it is nearly always a question of work for the nurses, and not of nurses for the work. Hospitals are graduating classes far in advance of the demand, which may be good for the public, but is hardly to be desired by women depending on their own exertions. A few nurses succeed without much effort through the aid of a kindly physician or influential friends, but the majority wait and wait. It has taken some time for this situation to become known, but I believe it is well understood now.

If hospitals could get their work done satisfactorily and inexpensively without flooding the market there would be plenty of good women ready to take up the work. Even the positions of head nurse are largely taken by pupils.

Among nurses, I have heard no complaint of the educational standard required or the three years' course, but when a woman perfects

herself in her profession, expecting to be a blessing to mankind and finds that no one really needs her, "Aye there's the rub."

Patients, and even many good physicians, prefer a cheap nurse to a good one. It is rather disappointing to find that women who have no hospital training can fill the want and take the trained nurse's place, unless the latter will work for practical nurses' prices and do oftentimes more housework than nursing.

The real demand seems to be for intelligent house workers at about ten dollars a week.

E. K.

[Another correspondent, writing on this same subject says one reason for the shortage of applicants may be the uncomfortable methods of living forced upon private duty nurses and suggests that a remedy for this would be the more universal establishment of good nurses' clubs.—ED.]

WHAT SHOULD THE NURSE DO?

THE question is often brought up in the nurse's mind whether she is doing exactly right in carrying out instructions which are, to her certain knowledge, wrong. Of course, we have no right to criticise our physicians, and I am not going to do that. We, who have graduated from training schools, know the galling moments when we have to rise and stand, and rush to open doors for the medical students who did not know the first rudiments of doing a surgical dressing. But that is all past now, and we have learned to love our physicians in their work.

One case of typhoid fever I should like to say something about; the patient was a young college girl seventeen years old. She had always, as her mother said, had lung trouble and a very weak chest. On going to this case I found one nurse, one of my colleagues, and the work another nurse had left behind, that is, she had been administering morphia gr. $\frac{1}{4}$, when gr. $\frac{1}{8}$ was ordered. As soon as this was discovered, the nurse was discharged. I found the patient almost in a state of coma. After some time she awakened in wild delirium asking for a hypodermic of morphia, which had to be given. As soon as I had quieted the patient I looked for the chart of instructions and found that whiskey, dram VI, was given every two hours, strychnine, gr. $\frac{1}{30}$, every three hours, liquid nourishment of peptonoids and milk, every two hours. I did not wonder the patient had subsultus, twitching of eyelids, jerking of limbs, and all the symptoms of over-stimulation. But what could I do, and the question arose between my friend and myself who should tell the doctor, so we pulled straws and it fell to my lot, and when the doctor came I showed him the clinical record. Written on it largely was, "Patient had

a small convulsion soon after taking last dose of strychnine." This he noticed at once, and changed the strychnine to every four hours. The nervousness kept up, pulse was high as 130 and 140, temperature dropped to 97-99. We kept orders up for two weeks, at the end of which time the patient had developed nausea and vomiting. The doctor then changed his orders; he discontinued the strychnine, and gave whiskey with nutritive enema. This might have done very well until the stomach could get a rest, had he not given such a large quantity, that is: one egg, pint of milk, eight teaspoons of whiskey, and four teaspoons of peptonoids. All of this was lost, as the enemas were retained only a few minutes. I left the case in two weeks, as the other patient (we had two), who was almost well, did not need a professional nurse. I went on another case, but was called back to this one. My colleague had emphatically refused to give the enemas more often than every six hours, and when she made her own preparation and it was retained, the physician got very angry, so she left. Now, what could a nurse do in a case like this? He was a country doctor and would not call in consultation. They got another nurse, but the patient died.

M. B. B., R.N.,
Lynchburg, Virginia.

[We should like to have some prominent physicians, whose opinions we all value, tell us what the nurse's duty is in a case of this kind, whether her loyalty to the physician stands above her duty to humanity.—ED.]

SHOULD A NURSE PRESCRIBE?

DEAR EDITOR:—Miss Ruth Brewster Sherman's "List to Leave Behind" in your February issue is so excellent that one regrets the necessity of criticising it in any way. But inasmuch as it is a list to be "left behind" for the guidance of mothers and nursery maids one is surprised to find such insistence on the use of silver nitrate as Miss Sherman gives us. This seems a grave error in view of the possibilities of the situation, which one is sure could not have occurred to Miss Sherman, nor have nurses themselves, we are sure, in the absence of at least general instructions from the doctor, the habit of using a remedy like silver nitrate without an order. Also does not the doctor, instead of the nurse, indicate the necessary modifications in the baby's food? Miss Sherman is not sufficiently clear on these points, where to be unequivocally opposed to prescribing is a nurse's first principle, and where Miss Sherman no more than another nurse would be likely to err.

MARY CLOUD BEAN, R.N.,
President Johns Hopkins Hospital Alumnae Association.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE ASSOCIATED ALUMNÆ MEETING

THE eleventh annual meeting of the Nurses' Associated Alumnæ of the United States will be held in San Francisco, California, May 5 to 8, 1908. The meetings will be held in Golden Gate Hall, 2137 Sutter Street. On Monday, May 4th, from three to five P.M., and on Tuesday, May 5th, from nine A.M. till noon, the treasurer and secretary will be found in one of the committee rooms of Golden Gate Hall to receive dues and to register delegates, permanent members, and visitors. The first meeting will be held on Tuesday, May 5th, at two P.M., and there will be morning and afternoon sessions on the 6th, 7th, and 8th.

The bureau of information will be at Golden Gate Hall, 2137 Sutter Street. All mail should be sent to the St. Francis Hotel, Geary and Powell Streets, care Nurses' Reception Committee. Members of the reception committee will wear blue ribbon badges bearing in gilt letters Reception C. S. N. A. Members of this committee will be at the St. Francis Hotel from seven-thirty to ten P.M., Monday evening, May 4th, and some of its members will meet the official train when it arrives on Sunday evening, May 3rd. Members of this committee will be in constant attendance at the St. Francis Hotel.

Visitors and delegates who have made no provision for accommodation, or who are not met at trains, are asked to go to the St. Francis, where a member of the reception committee will give them necessary assistance. Visitors are advised to come provided with warm clothing.

HOTEL RATES

St. Francis Hotel, Geary & Powell Streets, European plan.

2 in room, with bath, \$2.00 per day for each person.

2 in room, without bath, \$1.50 per day for each person.

Majestic Hotel, Sutter & Guelph Streets (1550 Sutter Street).

2 in room, \$1.50 per day, per person.

Dorchester Hotel, 1482 Sutter Street.

2 in room, \$2.00 per day per person.

2 in room, with bath, \$2.50 per day per person.

3 in a small suite, \$4.00 per day.

4 in a large suite, \$5.00 per day.

Jefferson Hotel, Turk & Gough Streets.

Rooms \$1.50 per day, European plan.

Rooms \$3.00 per day, American plan.

Rooms \$4.00 per day, American plan, 1 person with bath.

Rooms \$3.50 per day per person, 2 in room, American plan, with bath.

Imperial Hotel, 951 Eddy Street. Special rates for convention, of one-half regular rates, which are \$1.50 per day up, European plan.

Baltimore Hotel, 1015 Van Ness Avenue, will make special rates for convention, \$1.00 per day, per person, with bath if possible, European plan.

BOARDING HOUSE RATES

The Oxford, Franklin and Post, \$2.00 per day, per person, would rent rooms without meals, and make special rates if they knew the number to be accommodated.

The New Fairview, 1363 Post Street, \$2.00 per day.

2216 California Street, Mrs. K. Brandon, \$2.50 per day, with board, \$1.00 per day, without board (special rates).

San Francisco will be crowded with visitors in May, owing to the presence of the battle fleet. For this reason, it is necessary for nurses to secure accommodations at once. Address Miss S. Gotea Dozier, 4 Steiner Street.

RAILROAD RATES

At the eleventh hour word reaches us that railroad rates have finally been granted, probably on account of the presence of the fleet at San Francisco. The terms are as follows:

Chicago to San Francisco and return.....\$72.50

Peoria to San Francisco and return..... 69.25

St. Louis to San Francisco and return..... 67.50

These tickets will be on sale April 4th and 5th, and again on April 25th and 26th, and the purchaser must reach San Francisco within ten days of the date of starting, which allows about five days for stop-overs on the going trip. The tickets are good for sixty days. They may be used on more than one route, that is, the purchaser may go by one road and return by another if she chooses. The return by way of Portland, Oregon, via the Canadian Pacific or Northern Pacific, will be fifteen dollars extra. It is not yet determined whether roads east of Chicago will make corresponding reductions. All inquiries as to details should be addressed to the Rock Island agent, Mr. A. B. Schmidt, 91 Adams Street, Chicago, Ill.

PULLMAN CAR RATES

Chicago to San Francisco..... 14.00

TOURIST CAR RATES

Chicago to San Francisco..... 7.00

OFFICIAL ROUTE

The officers of the Associated Alumnae have made the following plans for their own journey and will be glad to have others join them if they wish.

They will travel by the Rock Island Road, in a tourist sleeper, using the following itinerary.

Leave Chicago, LaSalle Street Station, Rock Island Road, Sunday, April 26, 10.32 P.M.

Reach Denver, April 28, 8 A.M. Stop-over of one day.

Reach Colorado Springs, April 29, 10.45 A.M. Stop-over of one day.

Reach Salt Lake City, May 1, 12.50 noon. Stop-over of one day.

Reach San Francisco, Sunday, May 3, 7.28 P.M.

There will be no hotel expense during the trip as the sleeper will be used at night at stop-over places. The price of the sleeper for each person will be ten dollars.

Those wishing to take this trip should send their names and addresses to one of the Rock Island officials, specifying the Associated Alumnae trip,—Mr. A. B. Schmidt, 91 Adams Street, Chicago, or Mr. R. S. Graham, 401 Broadway, New York City. Through these officials tickets can be purchased and all arrangements made.

MEALS

It must be distinctly understood that prices of meals are not included in any of the above rates. Dining cars, with meals served a la carte, accompany both Pullman and tourist sleepers and there are lunch rooms along the way where stops are made. The tourist sleepers furnish boiling water for the making of tea or coffee, and lunches can be taken.

OTHER STOP-OVERS

At Colorado Springs, the members of the Colorado Springs Nurses' Registry Association have offered to act as hostesses and guides to the nurses passing through on the official trip, and at Salt Lake City, Miss Nash, a Bellevue graduate, now in charge of the training school of the Latter Day Saints' Hospital, wishes to help them to see as much as possible in the day spent there.

"SEEING CHICAGO."

The Illinois State Association of Graduate Nurses wishes to show every possible courtesy to nurses passing through Chicago en route to San Francisco, and has appointed a committee for this purpose. Inquiries as to lodgings and the best way of employing the time at one's command should be addressed to Miss Helena McMillan, Presbyterian Hospital, the chairman of the committee.

RETURN JOURNEY

There will be no attempt made to bring a large party home together, as there are so many different routes to be taken and some will wish to stay on the coast for a time.

TWENTY-FOUR DAY TRIP

The Northwestern Road offers a very interesting and not expensive twenty-four day trip, which can be taken if as many as eighteen desire it. A tourist car will be taken and used as a sleeping place at all stop-over places except San Francisco. It will be personally conducted by a responsible travelling agent of the Northwestern road, who will make all arrangements during the journey and, if desired, accompany the party to points of interest at stop-over places.

The proposed itinerary is as follows:

Leave Chicago, Thursday, April 30, 10.35 A.M. Northwestern Station.

Reach San Francisco, Monday, May 4, 12.48, noon.

Leave San Francisco, Saturday, May 9, 8 P.M.

Stop at Santa Barbara one day.

Stop at Los Angeles nearly four days.

Stop at Riverside one day.

Stop at Salt Lake City on Sunday when the wonderful music can be heard.

Stop at Glenwood Springs one day.

Stop at Colorado Springs one and one-half days.

Stop at Denver one and one-half days.

Reach Chicago, Sunday, May 24, 8.30 P.M.

The cost of this trip will depend upon the number of persons taking it. The price of the railroad ticket will be exactly the same as those given above, but the cost of the car, if eighteen people go, will be about thirty-three dollars apiece, from Chicago to Chicago. If twenty-five people go, the cost would be reduced to twenty-four dollars each, and every additional person would reduce the cost correspondingly. The car will hold thirty-two people or, if two occupy a berth, sixty-four people. All inquiries as to this trip should be addressed to Mr. P. J. Brady, 301 Main Street, Buffalo, New York.

MEETINGS OPEN TO ALL

ALL nurses are cordially welcomed at the meetings of the Associated Alumnae, whether sent as delegates, or not.

KATHARINE DEWITT, R.N., Secretary.

ASSOCIATED ALUMNÆ PROGRAM

Tuesday, May 5th, two P.M. Addresses of Welcome.

1. The Mayor of San Francisco.
2. Dr. Helen P. Criswell, President California State Nurses' Association.
3. Mrs. Clara Sanford Lockwood, Los Angeles.

Responses.

Mrs. E. G. Fournier, Indiana, and others.

Address of the President, Miss Annie Damer.

Wednesday, May 6th, ten A.M. Roll call. Business. Papers, Subject, "The Nurse as a Factor in Public Health."

1. "The More Recent Opportunities of the Nurse in Public Health Problems."
2. "Some Phases of School Nursing," Miss Lina L. Rogers, New York City.
3. Dispensaries. (a) "The Newer Treatment of Tuberculous Patients," Miss Martha Fortune, R.N., Baltimore. (b) "Their Use to Children."
4. "Progress in Almshouse Nursing," Mrs. L. J. Lupinski, Grand Rapids.
5. Exhibit. Outline of Registration Chart, prepared by Miss Maria L. Daniels, Salem, Massachusetts.

WEDNESDAY AFTERNOON

Two P.M. Subject, The Training School Curriculum.

1. "What is Being Taught and Why?" Miss Mary S. Gilmour, New York.
2. "Visiting Nursing as Part of the Curriculum," Miss Margaret A. Bewley, New York. Discussion, Miss Rebecca Toupet, New York.
3. "Nursing of the Insane, as Part of the Curriculum," Miss Mary E. May, Rochester, New York.
4. "Duty of the Schools in Preparing Young Women to Take Part in the Anti-tuberculosis Campaign," Miss Ellen L. LaMotte, Maryland. Discussion, Mrs. Ida M. Tice, Illinois.
5. "Home Life of the Pupil Nurse."
6. "Self Government in Nurses' Homes," Miss L. M. Fowler, Denver. Discussion, Miss Emily Jones, Rochester, New York.

THURSDAY MORNING, MAY 7TH

Ten A.M. Roll call. Business. Papers—Subject: "Private Duty."

1. "The Nurse's Responsibility to Her Local and State Associations," Miss Mary Cloud Bean, R.N., Baltimore. Discussion, Miss Gotea Dozier, San Francisco. Question Box.

THURSDAY AFTERNOON

Two P.M. Private Duty, continued.

1. "Psychology and Nursing," Miss M. Grace O'Brien, Baltimore.
2. "Newer Methods in Medical Nursing," Miss Grace Arnold Knight, R.N., New York City.
3. "Recent Advances in Surgical Nursing," Miss Anna Jamme, R.N., Rochester, Minnesota. Discussion by representatives of the north, south, east and west.

FRIDAY MORNING, MAY 9TH

Ten A.M. Business. Papers, "Association Work."

1. "Report of the Inter-state Secretary, with News from the Whole American Field," Miss Sarah E. Sly.
2. "Effect of Registration on the Profession and on the Individual," Miss Sarah M. Parsons, Maryland. Discussion, Miss Frances Jones, Virginia.

FRIDAY AFTERNOON

Two P.M. Associated Work, continued.

1. "The Organization of Nurses' Clubs and Directories under State Associations," Miss Caroline Van Blarcom, California. Discussion, Miss Grace Holmes, St. Paul.
2. "Progress and Difficulties of State Examining Boards," Miss Jane E. Hitchcock, New York City. Discussion, Mrs. Edith Baldwin Lockwood, Connecticut.
3. "Progress of Registration in Foreign Lands," Miss L. L. Dock.

During the business sessions there will be discussions on proposed changes in the constitution, on taking over the JOURNAL, and on the fixing of a definite professional standard of the association.

ENTERTAINMENTS

Wednesday, May 6th. A trip through Chinatown, including tea and the theatre there. Those taking the trip are to assemble at the St. Francis Hotel at seven-thirty P.M.

Friday evening, May 8th. Banquet at the St. Francis Hotel, all delegates to be the guests of the California State Association. Guests are asked to assemble at seven P.M.

Saturday, May 9th, an all day trip to Mount Tamalpias, leaving San Francisco at nine forty-five A.M. This affords a superb view of the ocean, bay, and surrounding country.

Sunday afternoon, May 10th, a sacred concert at the Greek Theatre, University of California, Berkeley.

It is expected that the naval fleet will arrive in San Francisco harbor May 5th, and that on Friday, May 8th, the great naval review will take place. It is hoped that all the visiting nurses may have an opportunity to see this as well as other features of the program for the fleet.

ANNOUNCEMENT BY THE NOMINATING COMMITTEE

THE nominating committee of the Associated Alumnae is very much pleased to announce that, after a great many requests and a great deal of pressure, Miss Annie Damer has at last consented to accept the nomination as candidate for the presidency for another year.

E. G. FOURNIER,
Chairman of Nominating Committee.

THE MEETING OF SUPERINTENDENTS OF TRAINING SCHOOLS

THE fourteenth annual meeting of the American Society of Superintendents of Training Schools for Nurses will be held in Cincinnati on April 22nd, 23rd and 24th, at the Hotel Sinton.

The first session will be held on Wednesday morning at ten-thirty o'clock.

After the morning session, the society will be entertained at lunch at the Hotel Sinton by the Ohio State Association of Graduate Nurses, the Graduate Nurses' Association of Cincinnati, and the alumnae associations of Cincinnati.

The afternoon session will open at three o'clock.

The Board of Directors of the Jewish Hospital will give a reception at the hospital from five to six P.M. Tea will be served in the Nurses' Hall.

The morning session on Thursday will be at ten o'clock.

On Thursday afternoon, from four to six o'clock, a reception will be given at the Hotel Sinton to the society by the hospitality committee composed of representative women of the city—Miss Annie Laws, chairman.

The evening session on Thursday will be at eight o'clock. The plans of the new City Hospital with stereopticon views will be presented by Dr. C. N. Holmes. A paper entitled "To What Extent May the Experience of Nurses Be Useful

in the Planning of Hospital Buildings?" will be read by Miss A. M. Lawson, superintendent Akron Hospital, Akron, Ohio.

The morning session on Friday will be at ten o'clock.

On Friday afternoon, from three to five o'clock, the Cincinnati Woman's Club will give a reception in its club rooms in the Mercantile Library Building to the visiting superintendents. Short addresses will be made and tea served. The papers to be read promise to be of great interest. Such topics are to be presented as "Hospital Dietaries," "The Work of Dietitians in Schools for Nurses," "What Ground in the Training of Nurses Cannot Be Covered in Municipal Hospitals?" "Self Government in Training Schools for Nurses," "Children Hospitals."

The following hotels are suggested to members:

Hotel Sinton (headquarters), from \$2.50 with bath, and \$2.00 without bath.

Hotel Havlin, from \$2.00 with bath, and \$1.50 without bath.

MISSOURI STATE MEETING

THE Missouri State Nurses' Association will hold a called meeting in St. Joseph, Missouri, April 16th and 17th. Discussion of a bill for registration of nurses will be of prime importance.

A. B. ADAMS, Corresponding Secretary.

PENNSYLVANIA STATE MEETING

THE semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held in Allentown, Pennsylvania, on April 22nd, 23rd, and 24th.

NELLIE M. CASEY, Assistant Secretary.

TEXAS STATE MEETING

THE Graduate Nurses' Association of Texas will meet in San Antonio, April 21st. The program of the meeting will be as follows: Reading of minutes of last meeting, reports of committees, unfinished business, new business, reading of papers by Miss Shackford of Galveston and Miss Dietrich of El Paso. The subjects of these papers will be: "What is a Trained Nurse?" and "The Use and Abuse of the Uniform." The papers will be followed by election of officers.

J. S. COTTLE, President.

NOTICE OF NURSES' EXAMINATION IN COLORADO

THE Colorado State Board of Nurse Examiners will meet at the State Capital in Denver on April 22nd, 23rd, 24th, to examine applicants for registration according to "An Act Relating to Professional Nursing." Apply to Miss Mary B. Eyre, R.N., Secretary, 642 Grant Avenue, Denver, Colorado.

NURSES' EXAMINATION IN THE DISTRICT OF COLUMBIA

THE Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration April 30, 1908, at Garfield Hospital. All applications must be filed before April 15, 1908, with the Secretary of the Board.

KATHERINE, DOUGLASS, Secretary,
320 East Capitol Street, Washington, D. C.

STATE EXAMINATION IN MARYLAND

THE Maryland State Board of Examiners of Nurses announces that the second examination for State Registration will be held June 2, 3, 4, and 5, 1908.

All applications should be sent to the secretary of the board, Room, 610, Professional Building, Baltimore, Maryland, before May 20th.

Nurses applying will be notified where the examinations will be held.

MARY C. PACKARD, Secretary.

ANNUAL MEETING OF SPANISH-AMERICAN WAR NURSES

THE Order of Spanish American War Nurses will meet in national convention in Chicago, June 4th, 5th and 6th. Place of meeting to be announced later. Members expecting to attend this meeting will please notify the chairman of the committee on arrangements, Miss Ida Virginia Parkes, 1109 Madison Street, Evanston, Illinois, at an early date, before May 15th if possible. The committee wishes also to know the names of all who expect to attend the banquet, should it be decided to give one, at as early a date as possible. A large number of delegates of other associations will be in Chicago at the time of the S. A. W. N. convention and arrangements cannot be made unless made immediately.

A CORRECTION

IN the published report of the Tenth Annual Convention of the Nurses' Associated Alumnae the Colorado State Association is stated to have had no official delegate present.

From information received since and evidence submitted by the Colorado State Association to the February meeting of the Executive Committee we take much pleasure in making the correction and stating that the name of Miss Louise Croft Boyd has been placed on the official report of the Convention as the delegate from Colorado.

ANNIE DAMER, R.N., President.

STATE MEETINGS

WASHINGTON, D. C.—The Graduated Nurses Association of the District of Columbia held its regular meeting March 3rd.

After the routine business, a committee appointed to confer with the secretary of the Associated Charities reported there was work for the asso-

ciation to do in connection with their work. The association voted to pay the salary of a nurse for two months to do tuberculosis work.

The Central Registry Committee reported the registry a success and self-supporting from the beginning. One hundred and seventy-nine members are enrolled.

Miss Nevins, Superintendent of Garfield Memorial Hospital, was elected delegate to the annual meeting of the Nurses' Associated Alumnae, but unfortunately she is unable to accept.

To meet the extra expense entailed, it was voted that each member should be assessed one dollar, to be paid to Miss Jennings, treasurer, Children's Hospital.

CLARISSA WHITE, Chairman.

The Rhode Island Association of Graduate Nurses held its third annual meeting March 4th, at three P.M.

The meeting was opened by reading of the one hundred and third psalm and prayer by Reverend J. Francis Cooper. Miss Lucy C. Ayers made a brief address followed by remarks by Mr. Cooper.

Reports of the secretary and treasurer were read.

Mr. Cooper then gave a brief talk on the high standard of the profession and the opportunities of the nurse to help spiritually as well as physically.

Mr. James Minnick of the Associated Charities told of the work of that organization and the increased needs of the present time.

The association voted to give fifty dollars to be used by Mr. Minnick as he thinks best for the poor.

A committee of nurses was appointed to visit the state almshouses to obtain statistics to determine what is being done for the poor of the state, particularly the feeble-minded and epileptics.

Officers for ensuing year were elected as follows: President, Miss Lucy C. Ayers, Rhode Island Hospital, Providence; first vice-president, Miss Elizabeth Fleming; second vice-president, Mrs. Donald G. Churchill; treasurer, Miss Lottie A. Beckwith; recording secretary, Miss Sara London; corresponding secretary, Miss Elizabeth F. Sherman, 24 George Street, Providence; directors, Miss Mary S. Gardner, Miss Alice G. Dexter, Miss Winifred Fitzpatrick, Miss Mary Quinn.

At the conclusion of the exercises, refreshments were served and a social half hour was much enjoyed.

REGULAR MEETINGS

BIRMINGHAM, ALA.—The third annual meeting of the Graduate Nurses' Association was held March 11th at the Hillman Hospital.

After the report of the retiring officers had been given, new officers were elected as follows: President, Annis E. Stay, R.N.; vice-president, Miss J. T. Dainwood; second vice-president, Miss Frances Zinkan. Miss Helen McLean was re-elected secretary and treasurer. Miss Mary P. Nicholls was elected corresponding secretary.

Miss Dainwood read a very interesting paper on the organization and success of the association and its registry.

Much credit for the success is due to Miss N. B. Hamilton, the retiring president. Through her efforts and the coöperation of the members it has grown from a chartered membership of ten nurses to fifty-three, in the past three years.

The Graduate Nurses' Association, through the suggestion of Miss Hamilton, agreed to put a district nurse in the field, Miss Forsman, and her success has been so gratifying that the association has undertaken even more work for next year.

The members have interested some of the charity organizations and a number of women in the city and have formed a District Nurses' Auxiliary, which has enabled them to employ a colored district nurse also. The colored nurse works among her own people under the direction of Miss Forsman.

In the future the social feature of the meetings will be made more prominent and some light refreshments will be served.

Miss Hamilton, in her paper, urged the members to have ever before them State Registration and they feel that they will attain it. She said: "This will give added dignity and a wider scope to our work; and may this year prove our loyalty to our association and to each other, and mark an increase in members and in our usefulness."

BOSTON, MASS.—At the February meeting of the nurses' alumnæ association of the Boston and Massachusetts General Hospital Training School for Nurses, the following motion was made and carried: Resolved, that this association most heartily endorses the bill for state registration of nurses as framed and presented by the Massachusetts State Nurses' Association.

BOSTON, MASS.—The annual meeting of the Boston Nurses' Club was held at the Club Rooms, 755 Boylston Street, on March 2nd.

These officers were re-elected: President, Dr. Cowant; first vice-president, Miss Dolliver, Massachusetts General Hospital; second vice-president, Miss Drown, Boston City Hospital; treasurer, Miss Smith, New England Hospital; secretary, Miss Shields, Massachusetts General Hospital; corresponding secretary, Miss Boswall, Boston City Hospital.

The new members-at-large are Miss Carney, St. Elizabeth's Hospital; Miss Tries and Miss MacCarthy, Boston City Hospital; and Miss Shaw, Massachusetts General Hospital.

After the transaction of business, there was an hour of pleasant social intercourse; coffee, cake and ice cream were served.

The necessity of awakening nurses to their responsibilities in their own organizations was clearly shown, by the return of eighty-three ballots out of a voting membership of two hundred and forty-one.

BROOKLYN, N. Y.—The annual meeting of the Graduated Registered Nurses' Association of the County of Kings was held on February 20th, in the Kings County Medical Building, the President, Miss Kurtz, in the chair.

Reports from various committees were read and accepted. The following

officers were elected for the ensuing year: President, Miss E. Kurtz; secretary, Miss M. Agness; treasurer, Miss D. M. McDonald. A very interesting paper by Mrs. Jennie Morgan Walters was read, on "Nursing in the Middle Classes." Much interest was shown and after some discussion on ways and means the meeting adjourned.

CHICAGO, ILL.—The regular meeting of Camp Nicholas Senn of Spanish American War Nurses was held on March 3rd, and after routine business was disposed of a talk ensued relative to the best way of entertaining the guests who shall be present at the annual meeting of Spanish American War Nurses to be held in Chicago, June 4th, 5th and 6th.

Mrs. Minter, who is leaving the city, tendered her resignation as secretary and treasurer of the Camp. Mrs. J. Duncan Hammer will fill the vacancy.

The annual meeting and election of officers will be held on Tuesday, June 2nd at two-thirty p.m., in Mandel's Ivory Tea Room.

After hearing the report of the committee that corresponded with the War Department and talked with an army officer, well informed upon the subject of nursing in the army, both past and present, the Camp decided that matters are not at this time ripe for action.

The Nurse Corps is, the committee learned, recognized as an integral part of the army, but is neither enlisted nor commissioned, hence not amenable to the laws made for commissioned or enlisted soldiers. The conclusion drawn by the Camp from the report is that the Nurse Corps is an unique organization still in a formative state. The relation of nurses to hospital management in civil hospitals has reached its present satisfactory status after a quarter century of experience. The Camp feels that army nursing will never be at its best until the same relation exists between the medical staff and nurses as exists between these two factors in civil hospitals; but that it will take time and patient, tactful work to bring about that satisfactory state of affairs.

It was decided, for the present, to cease active work, but to keep a watchful eye out for an opportunity to put in an entering wedge for the proper organization of the Army Nurse Corps.

Army Nurses have to learn that practice after graduation, whether in private or in hospital (civil or military), is but a continuation of their education and need to abandon the notion that they are now out of training—hence past discipline.

Training school discipline is as much a part of the education as is the operating room practice and should go with nurses into practice just as their surgical training goes with them.

The Army has to learn that the Nurses Corps is capable of self government and while, as a whole, it is the servant of the medical department, in ward and sick room, that it is a separate corps, which must be made sufficient unto itself, so far as discipline is concerned, before a success commensurate with that in civil hospitals can be attained by army hospitals. When this is grasped and put into practice it will benefit both army officers and chief nurses, and greatly improve the nursing service in the army—not only as to the work accomplished by the corps but as to the personnel of the corps.

We can not see wherein an increase in pay has much to do with improving the situation of the Nurse Corps. If an increase can be secured so much the

better for the nurses when matters right themselves, but to us, it does not seem at all a vital issue.

ELIZABETH PORTEUS MINTER, Secretary-Treasurer.

COLORADO SPRINGS, COL.—Miss Laura A. Beecroft, Pueblo's newly appointed member on the State Board of Nurse Examiners, gave a very interesting address on "New Avenues of Work for Nurses," at the monthly meeting of the Colorado Springs Nurses' Registry Association, held on March 4th. The members all expressed their satisfaction at having a new member on the State Board who, they know, stands for all that is best in the nursing profession.

DENVER, COL.—The annual meeting of the Trained Nurses' Association of Denver was held in the Young Women's Christian Association Building on March 2nd. The by-laws were amended to suit the growing needs of the association and the following officers were elected for the ensuing year: President, Miss Mary B. Eyre; vice-president, Miss Mary Gaffney; secretary, Miss Ada Merrick; assistant secretary, Miss Agnes Duff; treasurer, Miss Daisy M. Lebo.

DETROIT, MICH.—At the regular meeting of the Wayne County Graduate Nurses' Association, held on March 6th, the plans to establish a graduate nurses' central directory in Detroit, were completed. The following directors were appointed: Miss L. B. Durkee, Miss D. L. Breese, Mrs. E. Mahon, Miss M. Blue, Miss S. E. Sly, Mrs. L. E. Gretter, Miss Frances Drake, Miss Rachel Mulheron, Miss Bessie Severance, Miss C. P. Vanderwater. Miss Agnes G. Deans was chosen registrar of the directory. The Wayne County Graduate Nurses' Association, the board of directors, and the registrar aim to make this one of the many successful central directories which are in operation throughout the country.

DETROIT, MICH.—The annual meeting of St. Mary's Hospital Alumnae Association was held on February 13th and the following officers were elected: President, Mrs. W. L. Mahon; first vice-president, Miss Teresa Martin; second vice-president, Miss Emma Francis; recording secretary, Miss Alice McAdams; corresponding secretary, Miss Agnes M. Dowd, 29 Henry Street; treasurer, Mrs. Freeman Graveline.

FALL RIVER, MASS.—The regular monthly meeting of the Nurses' Alumnae Association was held March 4th. There was a good attendance. Mrs. George L. Richards read several selections which were much enjoyed, after which light refreshments were served and a social half-hour followed.

NEW YORK, N. Y.—At the February meeting of the Bellevue Nurses' Alumnae Association there was an animated discussion as to the advisability

of receiving only registered nurses in the Bellevue Alumnae Registry for Nurses. As this Alumnae stands for Registration such would appear to be the only logical action.

ROCHESTER, N. Y.—The regular quarterly meeting of the Rochester Homeopathic Hospital Training School Alumnae Association was held, with a large number in attendance, at the hospital, on Tuesday evening, February 4th, Miss Elizabeth Weber presided. The names of six candidates proposed for membership were accepted.

It was voted to send a notice of the death of Eva Niesz, who expired in the hospital in January after a long and severe illness, to THE AMERICAN JOURNAL OF NURSING.

It was suggested that social meetings be held between the regular business meetings. The first of these took place on February 27th.

Miss Julia Bailey read a very interesting paper on her travels abroad last year. Recitations, by Miss Jean Edmonds, of California, who was visiting in the east, followed. Light refreshments were served, and all voted the first social meeting a success.

SAVANNAH, GA.—The Alumnae Association of Park View Sanitarium held meetings in February which were well attended. Officers for the coming year are: President, Mrs. M. S. Morel; vice-president, Miss C. A. Mathiack; secretary and treasurer, Mrs. E. C. Westcott; chairman arrangement committee, Miss H. Schwalbe. The social meeting was an exceptionally pleasant one. Several interesting papers were read on "Our Association," "Our Aim," and "An Unusual Case in a Nurses' Experience." Then a very interesting talk was given by Dr. J. L. Hiers.

PERSONALS

MISS ELLA M. BOWE, R.N., graduate of the Manhattan Training School for Nurses, class of 1904, has recently resigned as charge nurse.

MISS TORA ABEL, graduate of Hahnemann Hospital, Chicago, is spending March and April at St. Augustine, Florida, with a patient.

MISS SARA WEINBERGER, class of 1906 of the Jewish Hospital, Philadelphia, has taken charge of the City Hospital, East Liverpool, Ohio.

MISS FRIDA L. HARTMAN, R.N., secretary of the New York State Association, will take up private duty in New York City on April 1st.

MISS NELLIE HALL, class of 1902, Butterworth Hospital, Grand Rapids, Michigan, has been appointed superintendent of Noble Hospital, Westfield, Massachusetts.

MISS ELSIE TURNER, graduate of the New York Hospital, has resigned her position at the Babies' Hospital, New York, and has taken one in connection with the School for Crippled Children.

ON March 3rd, Governor Buchtel of Colorado appointed Miss Laura A. Beecroft, superintendent of nurses, Minnequa Hospital, Pueblo, a member of the State Board of Nurse Examiners to fill the vacancy which occurs on April 19, 1908.

MISS MAYME GROVES, head nurse of "Maplewood," Dr. Norbury's Sanatorium, Jacksonville, Illinois, is taking a graduate course at the Sheppard and Enoch Pratt Hospital, Baltimore, for the purpose of learning the methods used in that hospital of keeping mental records and of giving hydrotherapeutic treatments.

MISS REBECCA R. HALSEY, class of 1900 of the Jewish Hospital, Philadelphia, sailed on March 10th for Hankow, China, when she will engage in nursing under the auspices of the American Missions. Miss Halsey was secretary and treasurer of her alumnae association for four years. She will be greatly missed by her friends and classmates.

MISS MARY ANA MACKENZIE, a graduate of the Massachusetts General Hospital Training School, 1901, has been appointed Chief Lady Superintendent of the Victorian Order of Nurses for Canada and enters upon her duties at once at Ottawa, Ontario.

MISS AGNES S. WARD, who succeeds Miss Pindell as superintendent of nurses at the Metropolitan Hospital, is a graduate of that training school, and has also taken graduate work at the Brookline Hospital. She spent three years in the Congo Free State doing missionary work. She has done private nursing, and has been assistant superintendent at the Metropolitan Hospital since 1903, a position she has filled with great success; and her present appointment gives pleasure to all concerned.

MISS HELEN W. KELLY, recently assistant superintendent of nurses at the Illinois Training School, Chicago, has accepted the position of superintendent of nurses at the County Hospital, Milwaukee, Wisconsin. Miss Ellen V. Robinson, recently secretary of the directory of the Illinois Training School has given up the position and is succeeded by Miss Isabel Lauver. Misses Marie Peterson, Cora Kohlsaas, and Mary Kennedy have recently been appointed to service at Cook County Detention Hospital for the Insane.

MISS GERTRUDE MONTFORT has resigned her position as superintendent of the Santa Fe Hospital, Los Angeles, California. Miss Montfort has been interested in this hospital since the foundation was laid, and gave much of her self and her time to having its work carried on successfully. She is a woman with the highest ideals for the profession. She aimed for a standard in her work as superintendent of the Santa Fe Hospital and secured one, and it was a standard to be proud of. She sacrificed her position for the dignity of the nursing profession, and to keep her own self-respect.

MISS CAROLINE MARQUES, R.N., has recently resigned her position as superintendent of the Mission Hospital, Asheville, North Carolina. During her successful management the hospital has more than doubled its capacity, being the second largest in the state. Miss Marques has also conducted a registry and has been very impartial in her dealing with the nurses, who presented her

with a very handsome present in acknowledgement of their love and appreciation. Miss Bingley of Washington, D. C., has been chosen to succeed Miss Marques. Miss Laxton, R.N., has charge of the training school, the pupils having a very nice home, in a Colonial house adjoining the hospital. A dietitian has been engaged to instruct the nurses.

BIRTHS

A son, to Mrs. Brown, formerly Miss Belle Miller, assistant superintendent of nurses, Hahnemann Hospital, Chicago.

ON December 28th, a daughter, to Mrs. Edward DeWitt Smith, formerly Miss Clair Sanderson, class of 1905, Jewish Hospital, Philadelphia.

ON January 20th, at Elwood, Indiana, a son, to Mrs. C. C. Cotton, formerly Miss Stella Everingham, class of 1894, Jewish Hospital, Philadelphia.

ON March 3rd, at LaGrange, Illinois, a daughter, to Mrs. T. I. Christopher, formerly Miss Daisy Racine, graduate of Hahnemann Hospital, Chicago.

MARRIAGES

ON January 30th, Miss Jessie Annis, class of 1895, the New York Hospital, to Mr. Frank Harroun.

ON January 22nd, Miss Ella Fligg, graduate of the New York Hospital, to Mr. George Sengel, of Port Smith, Arkansas.

ON March 4th, at Chatham, Ontario, Miss Katie G. Wemp, class of 1902, Lakeside Hospital, Cleveland, Ohio, to Mr. William A. Coltart.

ON February 12th, at Detroit, Michigan, Miss Josephine Ryan, graduate of St. Mary's Hospital, to Mr. John A. Burke. They will live at Niagara Falls, New York.

ON January 8th, at Toledo, Ohio, Miss Mary Urban, graduate of St. Mary's Hospital, Detroit, to Mr. Timothy Dawson, of Elkhart, Indiana. Miss Urban was one of the King's Daughters Nurses in charge of tuberculosis work in Toledo.

OBITUARY

ON February 22nd, Miss Emma Stern, class of 1897, Methodist Episcopal Hospital, Philadelphia.

ON February 29th, at the Massachusetts General Hospital, Boston, Miss Carrie Dodge Hall, class of 1906, died suddenly of meningitis. She was a private nurse and was caring for a patient when her own illness began.

ON January 24th, at the City Hospital, Wilkes-Barre, Pennsylvania, Miss Margaret Porter, class of 1893. Miss Porter had filled the position of book-

keeper and clerk at the hospital for the last ten years and had been kindly cared for by her sister nurses and friends during her frequent attacks of illness.

ON November 9, 1907, Miss Isolette V. Jefferson, class of 1895, St. Luke's Hospital, Denver, Colorado, died in Oakland, California, of cancer of the pancreas. She was one of the pioneer nurses of her Training School, a member of its Alumnæ Association, and her loyalty to her Alma Mater, St. Luke's, was unfailing. She belonged at one time to the Army Nurse Corps.

Always interested in reform, during the last few years of her life she devoted herself to Theosophical prison work.

Miss Jefferson bore the suffering incident to her illness with indomitable courage. She was a good nurse, and possessed great mental ability, as well as energy and warm sympathies, to which her many good deeds bear witness.

HOSPITAL AND TRAINING-SCHOOL NOTES



THE trustees of the Hospital of the Good Shepherd in Syracuse have sent out a strong appeal for funds for the building of a nurses' home which has been for some time a crying need of the institution.

THE following class of nurses was graduated recently from St. Joseph's Hospital, St. Paul, Minnesota: Miss Mattie Gleason, Miss Katherine Morgan, Miss Ida Lantz, Miss Matilda Graba, Miss Margaret Cassidy, Miss Josephine Pryor, Miss Elsa Kuntz, Miss Lucile Kieren, Miss Mae Watson, Miss Anna Hansley.

THE graduating exercises of the class of 1908 of the S. R. Smith Infirmary Training School for Nurses were held on the evening of March 25th in the Farrar Home, followed by a reception. The members of the class are: Ruth L. Whittier, Salena Schuhmacher, Agnes M. Goodsell, Eliza B. Brownell, Alma I. Thompson, Robina Thomson, Jessie N. Willans, Blanche Hyslop, Nora Reed, Catharine E. Shaw, Marguerite C. LeJeune, Eva M. S. Brown.

THE dean of the College of Medicine of the University of California requested the San Francisco County Nurses' Association to choose three members of the nursing profession to serve on an advisory training school board for the University of California Hospital in San Francisco. Those chosen are Miss Geneveive Cooke and Miss Sophia L. Rutley of the San Francisco County Association and Miss Katharine Fitch of the Alameda County.

ON March 6th, the opening of the Crerar wing of the nurses' home, Illinois Training School for Nurses, Chicago, was celebrated by a large afternoon reception to graduates and friends, when the entire building, fresh from the hands of the renovators and furnishers, was thrown open for inspection. Two of the new rooms were furnished by graduates; the guest room, in mahogany, by Mrs. Clara Sanford Lockwood of Pasadena; and the directory room, in oak, by the class of 1901. In the evening occurred the annual senior class musicale.

THE graduating exercises of the State Hospital of the Northern Anthracite Coal Region of Pennsylvania were held in Scranton, Pennsylvania, where the hospital is located, on the evening of March 12th in Guernsey Hall, which was filled to overflowing. The class of sixteen is the first to complete the three years' course and is the largest that has graduated. An address was made by Bishop Hoban. The diplomas were presented by Col. Ezra H. Ripple,

president of the board of trustees. Later in the evening there was dancing. The graduates are: Phoebe L. Anderson, Josephine M. Berge, Amy N. Box, Irene M. Coolis, Maria English, Jeanette A. Edwards, Katherine B. Herman, Martha L. Hendricks, Nora I. Healey, Edna J. Long, Eleanor Lawrence, Katherine L. Moore, Margaret Price, Jeanette Phillips, Sarah A. Rutledge, Kathryn A. Vetter.

HOPE HOSPITAL TRAINING SCHOOL FOR NURSES, Fort Wayne, Indiana, held its commencement exercises on February 23rd and 24th. At the bacca-laureate services the graduates were addressed on The Supreme Life. On Monday evening, impressive exercises took place. During the evening two young ladies dressed in the school colors, blue and white, presented the graduates with the flowers which had been sent for them, and gave Mrs. Fournier, from the class, *The History of Nursing* by Miss Nutting and Miss Dock. After the exercises a banquet was given by the pupils of the training school to the faculty, executive board, graduates and friends.

The following evening the alumnae gave a reception to the graduates, whose names are as follows: Miss A. L. Cannon, Mrs. Lillian A. Edgerly, Miss Eliza P. Reid, Miss Margaret Fohey, Miss May M. Heath, Miss Margaret Frysinger, Miss Elizabeth M. Holland, Miss Elsie B. Deacon, Miss Marjorie Hall, Mrs. Edith A. Resler.

THE annual graduating exercises of the Indianapolis City Hospital Training School for Nurses were held in Clinic Hall on February 6th.

The hall was handsomely decorated in the school colors, lavender and white, and never looked more beautiful than when, to the strains of Hart's band the pupil nurses led the way into the pit, followed by the members of the graduating class very becomingly dressed in white uniforms, each wearing a small bunch of violets.

Dr. J. L. Freeland, superintendent of the hospital, acted as chairman of the evening, first introducing Rabbi Feurlicht, who delivered the commencement address. This was followed by a musical program and the presentation of diplomas by Mayor Bookwalter. Following the exercises in Clinic Hall a reception was held in the Nurses' Home.

Following are the names of the graduates: Martha E. Smith, Viola C. Smith, Artie E. Fisher, Mary B. McIlvain, Anna M. Gant, Mary E. Davis, Lucy M. High, Bertha J. Pember, Blanche E. Neff, Lula R. Davis, and Gertrude G. Medlin.

THE graduating exercises of the Massachusetts General Hospital Training School for Nurses were held on the evening of March 11th in the Out-patient Department of the hospital. The address was given by the Rev. Francis G. Peabody. Dr. Henry P. Walcott, chairman of the Board of Trustees, presented the diplomas. Twenty-three nurses received diplomas for the three years' course of training and five graduates of the McLean Hospital Training School received diplomas on completing the thirteen months' post-graduate course. Graduates, three years' course: Margaret C. Curley, Marie Cunning-

ham, Christena M. Cook, Grace L. Ranney, Fanny F. Pickup, Esther Roy, Jean C. Cartwright, Margaret Griffin, Frances R. Barlow, Mary A. Oakes, Jane G. MacRae, Florence E. Merrill, Florence G. Hibbard, Georgiana Rodgers, Jenny C. Fletcher, Margaret Hoare, Corinne M. Bolton, Kathryn F. Murnane, Maude H. J. Harwood, Emma B. White, Mary P. Jameson, Annie M. Jarvis, Edna M. Winters. Thirteen months' postgraduate course: Annie F. Coy, Ethel B. Davis, Lillian C. Thompson, Ella M. Tompkins, Lillian J. Ward.

THE POST-GRADUATE, of December, 1907, contained the following article by Dr. D. B. St. John Roosa, who has recently died.

THE LESSENING OF THE TERM OF PUPILAGE FOR TRAINED NURSES

As is known to those of our readers who are interested in Training Schools for Nurses, one of the great hospitals of our city, the New York Hospital, the pioneer of hospitals in this metropolis, has lessened the term of pupilage of nurses from three years to two. This has been termed a reaction in training schools, by some of the advocates of the change, and we certainly deem this a proper name. It is, in our judgment, a reactionary method, and involves all that term usually implies. Reaction is an arrest of progress, a backward tendency, as Webster defines it. The reaction, as far as New York is concerned, has not gone very far, only two hospitals having lessened the term of instruction; and we are not in possession of any information that leads us to think that the other hospitals are likely to follow the example of the New York and Roosevelt hospitals. In the defence of the retrograde movement, the view is taken in the paper before us (*The Reaction in Training School Method* by George P. Ludlam, Superintendent of New York Hospital) that the curriculum of the training schools is needlessly elaborate and that the course of instruction is crowded with that which could not be thoroughly taught and properly assimilated; that many subjects presented have no particular relation to nursing, and so on.

If those statements were entirely correct there would indeed be ground for a radical change. That they are true the superintendent of the New York Hospital evidently believes, and hence he defends the change that has been made in the venerable and honored institution of which he is the chief executive officer. In this capacity Mr. Ludlam has had a very successful career; so that what he says about hospitals should be received with respect.

But the Post-Graduate has not found it to be true in our own training school that the course of training is needlessly elaborate and unpractical, while many authorities assure us that it is not a correct statement, of others in our city where three years is the term of pupilage. The Post-Graduate began with the term of two years and continued this for several years; but for the last nine years we have had a term of three years, with what seems to our authorities a great advantage to the efficiency of the nurses that we send out. The term of three years is not used to fit nurses in materia medica or anatomy, but to give them a thoroughly practical drill, as to the care of sick people. We aim to spare the doctor or surgeon from many details in his visits, which may detract from his ability to properly direct the treatment of the patient in hand, and also to save his time so that he may care for more patients. In early days,

even in New York City, the attending physician was often obliged to spend some of his already overburdened hours as a nurse, because the aid given him at homes and hospitals was inadequate. All that, the trained nurses of the twentieth century have changed for the better.

We aim to make the nurses of the Post-Graduate fully able to assist a surgeon in a great operation, and above all to get the patient ready for it; to aid a physician in all the excitement and weariness of typhoid or pneumonia cases, an orthopedic surgeon with his operations and his complicated dressings; an oculist with the after care of a case of cataract operation; an otologist with a mastoid; an obstetrician and finally to look after babies with their perplexing and innumerable needs. For all that, three years in the life of a young woman choosing a calling that may involve in later years the superintending of a training school or a hospital or similar responsibilities, is certainly not too much.

We are warmly in favor of all that is said in the pamphlet before us, about cropping off excrescences in teaching and returning to simple methods in whatever schools it may be necessary, not only as to training schools for nurses, but also to all educational institutions where, as in the New York public schools, too many subjects are undertaken, so that the little scholars sometimes fail in "the weightier matters of the law," and do not know how to read, write and spell. But we have no sympathy for *shortening the term* as a remedy for any evil of this kind which may exist in a training school or other institution. From what we have seen of training schools we cannot agree that the simple methods of instruction are neglected as archaic and primitive, or that training schools have changed their vocation to "become institutions for the higher education of women along medical lines." This is a bogey that in our judgment exists chiefly in the minds of those who do not have very high ideas of nursing. Trained nurses generally have been becoming better for years, and much of their improvement, to our mind, is due to a sufficiently prolonged period of study, not of books, but of patients. The exactions in their training in hard intelligent work over the patients have become so great, that no ordinary young woman ought to be asked to crowd that work into as short a space of time as two years. Besides this, those who train them have in the third year a valuable class of the survival of the fittest, who become very useful in their last year to the hospital which they serve. Under the present system critical cases may always be cared for by a woman of experience. The highest good of patients, and the advance of medical science will, we believe, be sacrificed or retarded by any general adoption of the lessening of the term for the training of nurses.



A NEW DEPOSIT OF RADIUM.—*The Medical Record* says: A Swiss newspaper is authority for the statement that Prof. Joly, in examining specimens of the strata collected from the borings for the Simplon tunnel, found rich traces of radium, indicating large deposits of the mineral. The presence of the radium, he believed, accounted for the unusual heat experienced in constructing the tunnel.

PRACTICAL SUGGESTIONS



WHEN travelling, I would put my hat in a paper bag for protection and then in a calico bag for convenience.

S. A. M.

ONE thing that my patients have appreciated very much has been my putting roses in boxes at night, well sprinkled, just as they come from the florist. Kept in a cool place, they will be fresh and dewey in the morning, the drooping stems rested, and unfolding retarded. Many of the waxy varieties also do well in boxes at night, but it macerates flowers of the daisy family.

S. F.

SOMEONE asked in the JOURNAL for a remedy for nervousness and sleeplessness in patients. I find that if a patient is able to sit up, a Scotch douche is excellent. It is administered as follows. Get the patient ready for bed, then let her sit on the side of a tub and pour first hot and then cold water down her spine, repeat this several times and rub the back briskly.

Another suggestion is to give hot chocolate or racahout.

L. T.

MISS LAMOYNE's paper on tuberculosis spoke of the occupations of convalescent patients, one being the washing of milk bottles. Bottled milk is often insisted on by doctors and nurses as a protection against impurity and contamination, while others say the bottles are a means of carrying contagion. As a remedy, I have heard suggested the use of paper bottles, made from sterile paper and destroyed as soon as used. If it were possible to have these bottles it would be a means of avoiding the use of those washed by tubercular patients.

S. G. H., R.N.

FOR TRAVELLERS: Add a glass of jam or marmalade to the lunch basket.

Butter is easily carried in a jelly glass with tin cover.

Small lacquer trays make good plates and are light to carry.

Buy a silver-plated teaspoon at a ten cent store; if it is lost it is easily replaced.

I. P.

FOR LUNCHEONS: Chicken in any form does not keep well for an overland trip. Cold boiled meat, well seasoned, cut in thin slices, is delicious, also fresh boiled eggs, which can be carried nicely in candy boxes filled with oatmeal. Home-made stuffed dates and walnuts rolled in sugar keep well and give all the necessary sweets one wants.

I. R.

I HAVE found in travelling long distances that it is the relishes we long for, and that cost so much in the dining car. Here is a luncheon a party of us used on a long trip: Rolls and bread, not buttered, as the butter sinks into the bread and does not taste as fresh, it can be carried in a small glass jar; cold chicken; devilled eggs; home-made potato chips; evaporated cream; coffee; tea; chocolate; crackers; oranges and other fruits; cake, especially spice cake, as it keeps fresh for a week; olives; pickled beets; apple sauce; nut meats; mayonnaise dressing; grape fruit meat. All of these could be put into little glass jars with screw tops, such as peppermint sticks come in. Green cucumbers and lettuce, washed and wrapped in wet cloths, will keep cool and fresh and are fine for both sandwiches and salad. Tin cups, tin spoons, and a sharp case knife are useful and easily carried. The grape fruit, nuts, and fresh apples with the mayonnaise dressing make a delicious salad.

S. A. M.

SOMEWHERE I have read the following question: "Is it advisable for a nurse doing private work to have her own fountain syringe?"

I say no. Like most nurses, fresh from the hospital, I used to carry a syringe of my own, but a few years' time taught me it was a filthy habit, for few of us would like to have a syringe used for us, that had been used on a dozen or more cases, of all kinds, even if it had been thoroughly disinfected. There are very few patients who cannot afford to get one, if necessary.

But to be ready, in case of emergency, I always carry with me a rubber tube about three feet in length, a very small funnel, and several nozzles. The funnel and nozzle may be used with safety more than once, but I always destroy the tube and get a new one. This tubing can be bought for a few cents a foot, at any drug store.

E. J. H.

"THIS is the first time I ever sewed up a cervix on a sewing machine," said a doctor at the end of an operation, yesterday.

At the moment I was too busy to appreciate the pun, but it struck me hard later, and I pass it on for the amusement of my sister nurses.

Preparing for an operation in a small apartment, the dining table was found too big and clumsy and the kitchen table too small and light. Besides these, there were only small stands and a sewing machine. I suggested the latter. The doctor shook his head, but the bright young husband quickly dropped the extension, a leaf from the dining table was laid on to cover the place where the works were dropped in, a rough portiere being folded and put between to prevent slipping, and we had a tip top operating table and the cervix was "sewed up on the sewing machine."

"Did you ever think what a fine sterilizer a fish boiler would make?" a lawyer once asked me.

I never had, but I did then, and promptly bought one at small cost, which won much approval when it came up stairs with the instruments in the bottom and needles and other small articles in the cups which supported the perforated shelf, on which towels and dressings had been steamed.

The dealer of whom I bought it was an old friend, and I told him its purpose. He looked at it a moment, meditatively, and said,

"I have been making sterilizers to order for doctors at six dollars each and this beats them all out."

Needless to say this was before sterilizers were so plenty.

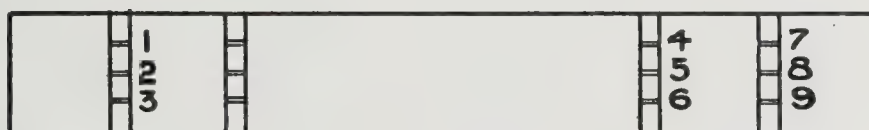
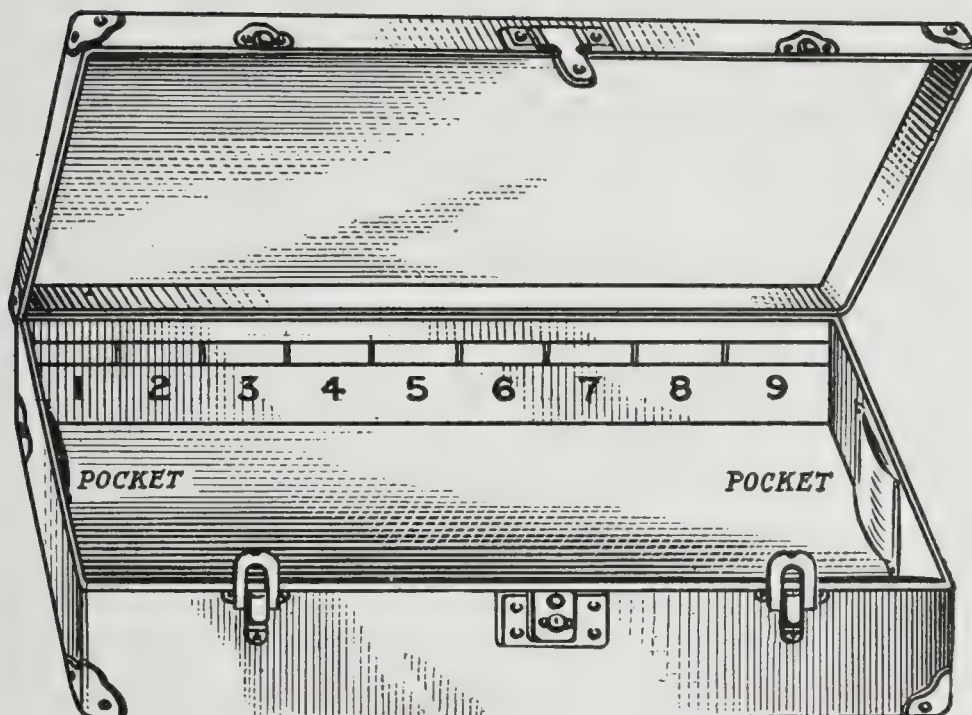
ELLEN BERTHA BRADLEY, R.N.

IN my private nursing, especially in long cases, I have found that the capacity of my suit-case is often greatly taxed in order to carry all the needful things for myself and patient. I finally found that the following arrangement helped out this difficulty to a great extent, and also that all my small nursing utensils could be carried safely and conveniently, while taking up little space.

I bought two yards of tape (linen color to match the lining of my suit-case), I tacked this lengthwise on the back, inside of the suit-case. I then fastened down this strip at intervals, leaving spaces just large enough to slip my different articles in and to hold them firmly in the sections, as illustrated.

On the opposite, or front, side, I tacked the tape vertically, placing the strips about four inches apart, and putting the tacks in each strip the same distance apart. This gives me small spaces in which I can slip my small articles such as thermometer, drinking-tube, catheter, etc.

At each end of the suit-case I made two pockets, about six inches long, of linen colored cambric with a flap which buttons over. In these I carry pins, safety-pins, thread, thimble, needles and the like.



FRONT INSIDE

Articles carried in back of case

- 1 Bottle of carbolic 3 iii
- 2 Hypodermic case
- 3 Medicine glass
- 4 Bottle of bichloride tablets
- 5 Surgical scrub brush
- 6 Feeding cup
- 7 Bottle of alcohol 3 iii
- 8 Roll of absorbent cotton

Articles carried in front of case

- 1 Glass drinking tube
- 2 Glass catheter
- 3 Thermometer
- 4 Douche nozzle
- 5 Enema nozzle
- 6 Pocket knife
- 7 Medicine dropper
- 8 Scissors (surgical)
- 9 Lead pencil

Another plan which I have found helpful is that I have written out a list of things I always need to carry in my suit-case, including a list of my own nursing clothes, as uniforms, aprons, etc. This list I pasted into the inside of the lid. Now I need only look at my list and see that the contents of my case correspond and I know I have everything with me, before starting out.

L. C. H., R.N.

I HAVE found that the old-fashioned lap-board (such as dress-makers use) is an excellent support for the tray of dishes to rest on, for a convalescent patient who is able to sit up in bed and eat her meals.

L. C. H., R.N.

A TRAVELLER'S EXPERIENCE.—Being a private nurse, I plead guilty to the charge made in the *MARCH JOURNAL*, that as a rule we prefer reading other nurses' experiences and opinions, to writing our own.

Having taken the trip from Boston to the Pacific coast last June, I have read the suggestions of the Editor of the *JOURNAL* to those nurses who intend going to San Francisco, with much interest. The ground has been so well covered that I have little to add, except my own personal experiences. I bought, beside my railroad ticket, a ticket for the tourist sleeping-car, over the Canadian-Pacific R. R. with the understanding that if I wished to do so, I could change into the Pullman-car by paying a little extra money, after leaving Montreal. The weather was hot and our car was full, but my fellow-passengers were, for the most part, a nice class of people, and we had a good porter. Let me say right here, make a friend of the porter, fee him liberally if necessary, as during the trip, he holds your comfort in the hollow of his hand.

Before starting, I had provided myself with a box of crackers, a box of beef capsules, a bottle of malted milk, a salt-shaker and tin saucepan, all of which fitted into a tin box which I placed in my dress-suit case. As I was travelling alone, I went to the dining car for my breakfast, which cost from fifty to sixty cents; and for my dinner, which cost one dollar. Both the food and service were excellent. In the middle of the day, I heated some water on the stove that is at the end of every tourist compartment and made a cup of beef tea or malted milk, which, with some crackers, made my luncheon. I carried two large paper bags, in the one I placed my hat and in the other the suit I wore on leaving home. An old thin silk dress proved the greatest comfort while travelling on the train.

Crossing the prairie, the scenery is inclined to be monotonous as the country is perfectly flat. As a rule towns built on the prairie are unattractive, owing to the absence of trees, which is very marked. You get a glimpse of the great lakes and by waking at day-break I saw Lake Superior, which is a wonderful sheet of water.

We reached Winnipeg at eleven o'clock at night, so that all I saw of the city was the very fine railway station, which was literally packed with emigrants. Everywhere train loads of emigrants were speeding west, such a train being easily distinguishable by the peculiar and horrible odor of "the great unwashed" which in time you learn to carefully avoid.

Before reaching the mountains an observation car is attached to the train, the glass sides affording an excellent view of the mountain scenery which I shall not attempt to describe. No one having seen those impressive heights can ever doubt the hand of the Creator and the words of the psalmist recur with greater force than ever before, "I will lift mine eyes to the hills, from whence cometh my help."

The building of a railroad through such a section of country is one of the marvels of modern engineering. While climbing to the summit our train had four engines attached to it, one ahead pulling and one in the rear pushing, with the other two in the middle of the train. The track is built very near the edge of the canyon and one shudders to think of the possibility of an accident in that locality. Scattered through the mountain fastnesses and surrounded by magnificent scenery are several fine hotels built by the Canadian Pacific Railroad at which the train stops long enough to allow the hungry passengers to enjoy a good dinner. The service, being either Japanese or Chinese, is excellent. Banff, Field and Glacier are considered the most attractive resorts in the mountains and one is inclined to linger among those lovely bits of nature and rather regrets the necessity of getting on the train promptly when the signal is given. Vancouver, the end of the line of railroad, is a thriving town, with big department stores, fine public buildings and handsome parks and with its bustling business energy is very much like an American city, and there, as elsewhere, the railroad has built a fine hotel, The Vancouver, where we were glad to avail ourselves of all those comforts that a modern civilization provides. The following day I took the boat at one o'clock for Victoria, and the weather being fine the trip of four hours proved delightful on the *Princess Victoria*, a very fine boat whose daily trip connects Vancouver with Victoria, which city is built on the Island of Vancouver and is surrounded by the Pacific ocean. The city is typically English and has a

charm all its own, being beautified by its magnificent trees and wealth of shrubs and flowers; each house has land about it sufficient for a garden and roses were growing everywhere, such roses as one never sees except on the Pacific coast. Their spring being much earlier than ours, the grass is burned yellow by mid-summer from lack of rain. The climate, however, is delightful, as they have no extremes of heat or cold.

By the courtesy of one of their leading surgeons, I witnessed three operations at the Jubilee Hospital, one an appendicitis occupying just twelve minutes. I was greatly impressed by the skill and celerity of the operating surgeon. The hospital, like many of our own, is in need of money and the linen, towels, etc., were of coarse quality, but the technical work as done by the operating nurse and her assistant was excellent. The operating surgeon, Dr. Ernest Hall, two years ago when a passenger on the S. S. Ivernia operated on one of the passengers in mid-ocean, who was on arriving in this port, sent to the Massachusetts General Hospital, and who recovered to bless modern surgery done under such trying conditions. St. Joseph's (Roman Catholic) Hospital is a handsome modern building, splendidly equipped for the care of the sick and beautifully situated on a hill in the centre of the city.

The trained nurses have their alumnae associations and like their eastern sisters they are hoping for registration and other changes which they see are needed in nursing. I must not forget to mention that one of the operations which I saw was conducted with open anæsthesia, the patient, a man of about fifty years, apparently not suffering, as the surgeon proceeded to operate until he complained of thirst when chloroform was given.

After spending eight delightful weeks among dear friends, I said good-bye to Victoria, hoping that some day I might return.

M. A. MACQUARRIE.



KOCH TO VISIT THIS COUNTRY.—*The Medical Record* states that in a recent interview Professor Robert Koch, who returned to Berlin a short time ago, after eighteen months' sojourn in Africa studying sleeping sickness, is reported as having announced his intention of taking a year's rest in travel, beginning with the United States. He is quoted as saying that he intended to leave for this country the end of March or early in April.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

THE HISTORY OF NURSING

SOME months ago, and before the book was ready for sale, "The History of Nursing" was reviewed in the pages of this magazine, from the printer's proof. The completed book with all its finishing touches, illustrations, etc., has since then appeared in the market and we are keenly interested in its reception by the profession and the public. Miss Dock and Miss Nutting are to be congratulated. The book is the consummation of two years of uninterrupted toil on the part of one of the collaborators, part of the time being spent abroad, ransacking archives and libraries, and digging up old records for material, while the other worker has for fifteen years devoted every moment of her leisure time to collecting, arranging, and verifying data. They have reason to be proud of the result of their labors. The book is given with a promise that contains a threat; if these volumes are well received the work is to be continued by a history of modern nursing. It is a common fault with nurses, that the rank and file look to a few active spirits, to carry on the enterprise of the profession. This particular piece of enterprise must be supported by the appreciation and coöperation of every member of the nursing profession to ensure its success. Far more important than the financial success of the book, is that it should be incorporated into the educating influences, brought to bear upon the character of every nurse who leaves her Alma Mater, strengthened and fully equipped, with the training that is to make her the perfectly turned-out article that the standards of the times require. She will be lacking in some respect of her development if she does not make herself acquainted with the "History of Nursing." We advise that it be read, marked, learned and inwardly digested. The words of the authors' preface convey in a way that cannot be improved upon what the book ought to be to the nurse: "The modern nurse, keenly interested as she is in the present and the future of her profession, knows little of its past. She loses both the inspiration which arises from cherished tradition, and the perspective which shows the relation of one progressive

movement to others. Only in the light of history can she clearly see how closely her own calling is linked with the general conditions of education and of liberty that obtain—as they rise, she rises, and as they sink she falls.”

A TEXT-BOOK OF MINOR SURGERY. By Edward Milton Foote, A.M., M.D., Instructor in Surgery, College of Physicians, Columbia University; Lecturer on Surgery, New York Polyclinic Medical School; Visiting Surgeon, New York City Hospital; Visiting Surgeon, St. Joseph's Hospital; Consulting Surgeon, Randall's Island Hospitals and Schools; formerly Chief Surgeon at the Vanderbilt Clinic. Illustrated by Four Hundred and Seven Engravings from Original Drawings and Photographs. D. Appleton & Company, New York and London.

DR. FOOTE dedicates his book to his patients, to “The Man at the Point of the Knife, for his grit and patience and especially for his willingness to be photographed that others may profit by his misfortune.” This is the unique feature of the book—the demonstration by means of photograph and drawing of every phase of minor surgery; truly the man at the point of the knife is prominent; he confronts us from every page of the book or very nearly, and well has he earned the compliment indicated in the dedication.

Dr. Foote takes his minor surgery seriously, and if any one needs conversion to Dr. Foote's ideas we recommend the reading of the book for the cure of this particular unbelief. From every page one has hints and reminders of the need of care for every scratch, bump or bruise. Those who are ignorant learn the grave possibilities of infections, secondary lesions, deformities, loss of sense and motion attending or resulting from the neglect or mis-care of minor injuries.

The three last chapters of the book are given to those subjects usually allied to minor surgery, operative technique, the roller bandage, and surgical dressings.



THE Consumptives' Hospital of Boston has recently secured a beautiful site on the Conness estate in Mattapan, where a new hospital will some time be erected. In the meantime the Day Camp for tuberculosis patients has been removed there and the grounds made sanitary with proper drainage. This camp has been successfully carried on for two seasons on Parker Hill.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING MARCH 12, 1908

EDWARDS, CATHARINE, formerly on duty at Division Hospital, Manila, P. I., discharged in Manila.

GILMER, MARY FEARS, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HALLOCK, MARY H., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

MACDONALD, MARY D., transferred from the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

RIORDAN, MARIE A., transferred from Division Hospital, Manila, to Fort William McKinley, P. I.

SANDERS, MINERVA A., formerly on duty at the Division Hospital, Manila, P. I., discharged.

SOLBECK, HANSINE K., formerly on duty at Fort William McKinley, Rizal, P. I., discharged.

SMITH, ETHEL IRENE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

SWEENEY, MARY AGNES, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

UNDERWOOD, ELEANOR, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

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EDITORIAL COMMENT



PROFESSIONAL RESPONSIBILITY

IN the earlier days of training schools, before the era of state registration, professional responsibility was an individual matter, and it must be said that most of the pioneers of our profession felt it and lived up to it. With the coming of state registration, however, a new obligation has arisen. The state vouches for certain women to whom it has granted a degree indicating proficiency and worth, and it rests with the nurses thus endorsed to make state registration a mark of distinction and honor, to do nothing unworthy of being thus separated.

Professional responsibility, reduced to its simplest terms, means that the members of a profession are living and working for the good of that profession, and through it for the good of humanity, that they are sinking their personal preferences and ambitions in the wider and nobler aims of doing that which is for the good of the whole.

There are many examples of this self sacrificing, altruistic spirit which are an inspiration to **any** of us, as we recall them, and they help to strengthen our own resolves. But at other moments we lose sight of these encouragements and grow almost heart-sick over human inertia which shows itself so plainly in the nursing profession. We often think it is more evident here than elsewhere, but probably that is because we know our own ground so well. In every line of effort the few willing workers are pulling, tugging, hauling the great mass of their fellows toward some goal which seems desirable to all, but the majority wish to be carried to that goal. They do not know the joy of striving and attaining.

This professional inertia shows itself in many ways. We hear on one side cries of distress from nurses whose time is not fully occupied, with lamentations that the field is overcrowded. On the other hand,

the workers along social lines tell us that there are not enough recruits for the district nursing associations, and that many nurses refuse to take cases of tuberculosis and obstetrics. In some sanatoria, convalescents are being taught to care for those less able than they, because not enough nurses can be secured. Doctors and registrars of directories are at their wits' end when appeals come to them for nurses for patients unable to pay the full price for nursing service. They fall back on the untrained and correspondence-school nurse, and what wonder? We are in a sense responsible for the flourishing of such institutions.

Hospital superintendents, who began their own professional career as head nurses at a modest salary of from twenty to thirty dollars a month, tell us that the fresh graduates, who are almost without value until they have "worked in," expect positions at not less than seventy-five dollars a month.

The repeated calls for volunteers for the reserve force of the Army Nurse Corps met with but feeble response, and the Red Cross officials are asking themselves in puzzled surprise: "What is the matter with trained nurses?"

This same inertia is a drag in all our organization life. State and alumnae associations find it difficult to secure women to act as officers and to perform faithfully the work entailed. Some of those filling these offices seem half asleep. It has come to our knowledge that some of the heads of committees of the Associated Alumnae have been greatly hampered in their work and are presenting inadequate reports because the members of their committees do not work with them, or because officers of societies have not responded to their requests for needed information, in many cases letter after letter has been sent to which absolutely no answer was received.

If a roll were to be published of those who will not answer letters, it would be a most astonishing list of names, consisting largely not of those who are obscure and unknown, but of those who have done good work in the past and who know better than to add to the cares of an over-worked officer by allowing her to appeal in vain for information.

Let us look at the other side for a moment. There are many excuses for us all, so many that we seize them and hug them and let them blind us to our duty. The nurses who do not respond to requests are sometimes in positions where response is impossible. An alumnae secretary wrote recently in answer to a question that had been asked her: "I would have answered sooner, but I was on a contagious case and could not answer letters. It seems to me there never was so much business to be attended to as came up during those weeks." If such a one

responds as soon as opportunity arises, she is fulfilling her duty as well as any one can ask.

It may be said for the nurses who are unwilling to take private cases at lower rates than they like, that living expenses have increased greatly of late years and that a woman, be she ever so philanthropically inclined, must, at least, try to pay her just debts. It is true also that it is not always the most needy who ask for care at reduced rates, and that sometimes if she reduces her price, she is asked to do so again and again, until she feels that she is bearing more than her share of the burden. This is a problem that nurses' directories should keep working at in an endeavor to secure justice to all concerned. The willing nurse should be looked after and given a fair chance at better cases. The unwilling nurse, who always demands the largest price and the pleasantest work might justly be treated with less consideration.

It is as true of nursing as of any other occupation that the woman who forgets herself and does her duty reaps, in the end, a far greater reward than the one who thinks first of her own interests, not only in the respect and affection which are hers, given her by doctors, patients, and fellow nurses, but financially as well, for she is in greater demand each year as she more and more proves her worth.

Let each of us consider more seriously her professional attitude. Is she a private nurse? Let her be a help to the community as well as a self-supporting citizen, ready to offer her services where they are needed. Is a nurse unoccupied and hesitating? Let her look for some social service work calling for helpers. Let the hospital superintendents lead the way in interest in public affairs, and draw their students with them, affiliating wherever possible with public philanthropies. Possibly the capable executive woman who is waiting for a position with a high salary attached, will persuade herself to go to some school needing such help as she can give, as all she earns is for her own use and need not be spent again at once for food, shelter, or laundry work,—the higher price of living does not so directly affect her.

The visiting nurse is certainly an altruistic being. She never receives a high salary, yet from it she must pay all her expenses. As a rule she seems more happy and content than her sisters, probably because she is forgetting herself and living for others. Let us try to imbibe a little of her spirit.

When a sliding scale of charges is suggested, the objection often heard made is that the doctors will not favor or help promote it. We wish that this question could be taken up by some state association of nurses and state medical society together, in an honest effort to work

out a scheme which shall be of benefit to the whole community,—patient, doctor, and nurse.

The question of work and remuneration seems to be largely in the point of view. One of our correspondents, the only trained nurse within a radius of a hundred miles in Montana writes us of having been out on an interesting case where the only compensation she was likely to receive consisted of two puppies, one yet unborn. We hesitate to recommend new fields when both at home and abroad hospital positions of moderate pay are going begging and in missionary and district nursing there is a constant demand which cannot be filled, but examples like this show us that the spirit of adaptability and helpfulness is not extinct.

SUGGESTIONS FOR OUR NATIONAL ORGANIZATIONS

SOME suggestions recently sent to us by correspondents seem worth considering. The first is that when the ticket of nominations for officers of the Associated Alumnae is made up, ready for distribution to the associations, it should be printed in the JOURNAL, with short descriptive sketches of the nominees, and that this should be done early in the year, so that when the associations receive the nominations and instruct their delegates, they shall know for whom they are voting and not deal with names alone.

The second suggestion is in regard to the work of the program committee. The writer thinks the members of this committee should not be so widely scattered, so that they might get together, plan their work, and act in unison,—also that the topics for papers and discussions should be decided upon by January and printed in the JOURNAL, so that the associations might take up these subjects in advance and be prepared to discuss them intelligently.

In addition to these two suggestions let us add that in view of the condition of inertia all over the country it seems to us the time has come when we should have a complete reorganization of all our lines of work, the Superintendents Society might be disbanded as a separate organization and become an affiliated organization of the Associated Alumnae, the name of the latter might be abandoned and under the name of the American Federation of Nurses we might have one great week of meetings yearly, one day being given over to section meetings for such different branches as Superintendents, Visiting Nurses, Private Duty Nurses, Boards of Examiners, Head Nurses, School Nurses, etc., etc.

While we cling to old forms and traditions, there comes a time in all organization life when radical changes must be made, and while our

suggestions may be premature, we make them hoping they may give rise to serious thought and discussion before the next national conventions.

The Associated Alumnae needs the inspiration and leadership of the teaching body, and the teaching body is suffering from a divided interest, so many of its members finding greater interest in the larger association.

This plan would be a financial economy and would save duplication of labor for officers and for all those making reports along similar lines of work.

THE TUBERCULOSIS MOVEMENT

ROCHESTER, N. Y., has recently closed a week devoted to an anti-tuberculosis campaign under the auspices of the Public Health Association, aided by the state exhibit which is, doubtless, familiar to many of our readers. This filled a large part of convention hall and consists of charts, maps, photographs, and all sorts of window tents, sleeping bags, etc. During the week meetings were held every afternoon and evening at which lectures, most of them illustrated by lantern slides, were given.

Each meeting was intended for some one class of citizens, and special efforts were directed to gaining their interest and attendance. For instance, there were meetings for Poles, for Italians, for German-Americans, school children, school teachers, mothers, ministers, nurses, etc. At the close of the week, a great mass meeting was held at the Lyceum Theatre, and its seating capacity of two thousand was taxed to the limit, so that an overflow meeting was held in Convention Hall. Among the speakers at this mass meeting were the Hon. Homer Folks, Dr. S. A. Knopf, and Dr. Pease, who was in charge of the exhibit.

Plans are under consideration for making the work of nurses one of the features of the international convention on tuberculosis to be held in Washington in the fall; the first announcement will be found on another page and details will be given from month to month as they develop. As far as we know this will be the first occasion when nurses' work has been recognized as an important factor by the international congress. It behooves all nurses to make good use of the opportunity.

USES OF EXAMINATION QUESTIONS

THE questions published in the JOURNAL from time to time, as given by the various state boards of nurse examiners, are not intended as matter for mere idle reading. That some of our subscribers realize their worth is shown by an inquiry which came to us recently. A nurse

in Michigan had written out the answers to all the New York and Maryland questions and asked where she could have her papers corrected. Although this is the first request of just that sort that has reached us, we have known the papers to be used by a number of nurses as a sort of graduates course of study. They have been in the habit of going over the questions carefully, making note of all the points they were uncertain about, and then of looking up the subjects in some nursing or medical library, until the whole ground covered by the papers was familiar to them. Teachers, too, who find themselves in a rut in the conduct of their classes will find new lines of thought opened to them by these papers, a new application of old principles. We wish that more of our examining boards would make a habit of sending their questions to us at the close of each examination.

It is a pity that every one might not have the enlightenment which comes from correcting papers. One examiner learned recently that all bedding and clothing used by patients with infectious diseases should be burned, and that cows should be given frequent baths!

We wish to suggest that some sleepy *alumnæ* association that does not know what subject to consider at its next meeting should try a match, on the plan of the old spelling match, using the examination questions, choosing sides, let the superintendent of the training school be judge, and see who can stand longest.

ANOTHER NURSING TEXT BOOK BY MISS McISAAC

MISS McISAAC has just completed a text book on hygiene for nurses which is to be of about the same size and form as her *Primary Nursing Technique*, and which will be the only book of its kind for nurses that we have seen. It is a compilation of the best authorities on the subjects of health and hygiene, with chapters on the hygiene of nursing as an occupation which are entirely original, and the whole book is presented in the author's most attractive style. It is a valuable acquisition to nursing text books and would also seem to us to be exceedingly serviceable as a text book on hygiene for high schools, of course with some special modifications for that line of teaching.

FOR OUR JUNE ISSUE

WE are to publish in the June magazine two of the most important and interesting papers that we have had in many months, one by Dr. Hurd of Johns Hopkins Hospital, entitled "The Proper Length of the



Period of Training for Nurses," a paper read before the Canadian Superintendents' Association, and the other, "What Shall the State Societies Do After State Registration is Secured?" a paper read by Miss McIsaac before the Indiana State Association on March 27th.

In this number, also, we shall open a department on dietetics which is to begin with a paper by Miss Hammon of Rochester Mechanics Institute giving a series of receipts and suggestions for "two in a flat."

The July and August numbers of the JOURNAL will not be given over wholly to reports of the two conventions as has been customary in the past. The secretaries reports will appear promptly, and such of the papers as seem most valuable will be published throughout the year, a few at a time.

DESCRIPTION OF THE CASKET PRESENTED BY THE CORPORATION OF THE CITY OF LONDON TO MISS FLORENCE NIGHTINGALE, MARCH 16, 1908.

Through the kindness of Mrs. Bedford Fenwick we are able to give our readers the following picture and description of the casket presented to Miss Nightingale, reproduced from *The British Journal of Nursing*:

AN Oak Box, with Bronze Ornamentation of Oak Leaves indicative of Endurance, enriched with a beautifully modelled Figure representing Charity.

The lid carries a Laurel Wreath with the Recipient's Monogram in Enamels, and a Scroll with an inscription referring to Miss Nightingale's generosity in establishing the Nightingale Homes at St. Thomas' and King's College Hospitals, with the fifty thousand pounds granted to her by Parliament for her services during the War, also the date of the commencement of her labors in the Crimea and her return from Scutari.

On the front of the box are depicted the full Arms and Supporters of the City of London in Bronze and Enamels, with two finely modelled Soldiers, representing the Infantry and Cavalry Regiments of the time of the Crimea.

The reverse side has an ornamental panel containing the following inscription:

"Presented by the Corporation of the City of London
with Copy of Resolution
Granting the Honorary Freedom of the City
to Miss Florence Nightingale,
16th March, 1908."

The side panels carry modelled Lions' Heads as Handles for the box.

SOME NEW METHODS OF MODIFYING MILK*

BY JULIA A. GERNAND, R.N.

Graduate of Garfield Memorial Hospital Training School for Nurses,
Washington, D. C.

Cow's milk is the only one that I shall consider in this paper, because the only one available in the United States.

Goats' milk is said to approach human milk much more closely in composition; goats are seldom subject to tuberculosis, and are cheaper to procure and maintain than cows, yet goats' milk is not a commercial article. I doubt if any of us have even known an instance of its use.† Perhaps their destructiveness weighs too heavily in the balance. The object of modifying milk is to imitate human milk, by adding to and taking from its ingredients. To create a synthetic human milk, as it were.

The first method was by the percentage system, originated by Rotch, I believe, and while not entirely successful, has been the basis for all further investigations.

As the quantities of fats, proteids, carbohydrates, salts and water were approximated to those of human milk, it was still found unsuitable for many infants, because the system dealt only with quantities, and as Dr. Jacobi, the noted specialist, has said, "you may percentageize, peptonize, Pasteurize, sterilize, Walker-Gordonize all you wish, but cow's milk is not like human milk," for the difference lies in the chemical qualities, as well as in the relative quantities of the food principles.

I shall not speak of the ordinary percentage and top milk methods of modification, so clearly set forth in any of the very useful small volumes to be had on the subject of infant feeding, but of several more recent methods not generally given in nursing text books and magazines.

But I must not omit a few words on the passing of Pasteurization and sterilization, as routine measures. One reason for their disuse

* Read before the Garfield Memorial Hospital Training School Alumnae Association, February 11, 1908.

† [In 1893, or about that time, the late Dr. W. W. Jaggard of Chicago used goat's milk for his baby. The goats were kept in his garden, and were a source of much interest to the passer-by. He considered the plan a simple and practicable one, and urged all his patients, who used artificial feeding for infants, to purchase goats.—Ed.]

is their abuse. The lactic acid ferment, being destroyed by heat in these processes, there is no appreciable change in odor or taste to warn one, so that a very stale milk may be used unknowingly. Again, some people look upon sterilization and like measures as mysterious proceedings, which render substances so treated, incapable of ever being contaminated again, and they are more careless in handling this milk than with the ordinary product, with whose qualities and habits they are more familiar.

Then, too, these milks have been found less digestible and causing scurvy, but they are indicated in certain conditions, as: 1, When travelling. 2, In very warm weather. 3, When ice is unobtainable. 4, When there is doubt as to the cleanliness of the only available milk supply. Condensed milk is sterilized and may be had unsweetened, which removes one objection to its use. It is indicated under similar conditions, and it is a good plan to have several small cans on hand for emergency use, if one is situated where the delivery of milk may be delayed. It is diluted with boiled water to the strength of whole milk, as directed on the can, then made up by the formula in use. If not necessary to use the entire contents of the can, do *not* use the remainder later.

It is now thought best to get a certified milk and sterilize everything else except the milk when handling it. This is productive of good results, and my own experience has shown me, in repeated instances, that the milk will keep perfectly sweet for seventy-two hours, if this care be used.

The chief difficulty in the digestion of cow's milk is in the proteids, which are not only in excess of those of human milk, but also differ greatly in their chemistry. Now the proteids of milk consist of: 1, Casein. 2, Lactalbumin. Lactalbumin is not coagulated by acid or rennet, therefore is not acted upon in the stomach, but passes, in liquid form, into the intestine, where it is easily taken up and assimilated. Casein is the bug bear. It forms curds by the action of pepsin in the stomach.

The proteids of cows' milk consist of about one-fifth lactalbumin and four-fifths casein, while in the human milk the proteids show a reversed order of about three-fourths lactalbumin and one-fourth casein.

You can readily see the difficulty of these quantities, for if you dilute cows' milk to reduce the casein to the proportions of human milk, you also reduce the nourishing and easily digested lactalbumin in like measure, and as there is no accessible means of supplying it, the child suffers from **under-feeding**.

Beside this, the casein of human milk forms a fine, flaky curd, while cows' milk gives a coarse, tough curd, at which the stomach often rebels

and the intestine receives the masses almost as a foreign body; so the child suffers from their irritating action as well as the loss of nourishment contained in them, for the casein is a highly nourishing part of the milk.

So it would seem that cows' milk is a very poor substitute for human milk, but being all that we have, for I believe it is generally conceded that the proprietary foods cannot displace milk, many minds have worked to make the best of it, and one of them evolved the idea of whey feeding.

Whey is the pale yellow, watery fluid which remains when the proteids of milk are coagulated in the natural souring of milk, due to lactic acid. It contains all the nutriment of the milk except the casein (*i.e.*, the curd) and the fat. Whey is artificially produced by the addition of liquid rennet or essence of pepsin to the warmed milk.

You remember that the casein is coagulated by the rennet or pepsin, and can then be removed, while the lactalbumin is unaffected by these substances and remains liquid in the whey; hence its advantage as a diluent in cases of weakened proteid digestion. As the fat is removed by this process, it must be added afterward, in the form of cream, to supply the deficiency.

But "there is no rose without its thorn" and the prolonged use of whey, by its very ease of digestibility, panders to the weakened digestive apparatus, which remains undeveloped from lack of exercise. However, whey has been given for several months, with no ill effects, and is often a valuable bridge to cross the stream.

In making whey, the milk is brought to a temperature of 98.5 degrees F. A little salt having been added, it is poured into a warm bowl, that the temperature may not be materially reduced, liquid rennet or essence of pepsin is added, one teaspoonful for each pint of milk, the whole gently stirred to mix thoroughly, then set in a moderately warm place, where it will not be jarred or suddenly chilled. In a few minutes it should be firm. The jelly-like mass is then broken up well, and strained, and the liquid returned to the fire and brought to 150 degrees F. and maintained there a few minutes, stirring well, that the whole quantity may be of the same temperature, then strained again and it is ready for use, cream, sugar and water being added as per directions. The second heating kills the ferment which would, otherwise, continue to coagulate the added cream, even in the child's stomach.

This mention of temperatures sounds complicated, but the whole process is simplified if a dairy thermometer be used, which can be had for twenty-five cents, and eliminates all guess work. It is very annoy-

ing, when one has much to do, to find that the curd has not set when one is ready to prepare the food mixture, or to learn that one has not guessed 150 degrees F. correctly, when one finds a hardening mass during the second heating, for you know what effect a higher temperature will have upon the albumin in the whey, or again to see the separate feedings coagulating, after the cream has been added, showing that the temperature has been too low.

Since the fat is removed in the process, skimmed milk is quite as good as whole milk, for making whey, and much cheaper.

Less rennet than one teaspoonful to the pint will suffice, where two or more pints are being used.

Liquid rennet costs twenty-five cents for a three ounce bottle, but may be purchased at wholesale rates, about one-half price, in lots of one-half or one dozen bottles. All these things are to be considered, for whey feeding is not a cheap method. Milk yields about twenty-five ounces of whey from the quart, but the amount may vary slightly. If a few more ounces are needed, it is possible to add boiled water *to the whey*. To add to the milk first may prove disastrous, nor is it exact. Sugar should also be added to the whey or food mixture. It is not accurate to add to the milk first.

When the child is tolerating cream in quantity approximating that of an ordinary top milk or percentage formula for its age and weight, the whey is reduced by withdrawing several ounces from the whole mixture, from time to time, and supplying an equal amount of skimmed milk and boiled water, until no whey is used and the desired formula is obtained. The proportions of milk and water needed will require a nice calculation. Sufficient time should elapse between each reduction to permit the child to become accustomed to the modification.

It is safer, when making the change, to approach a formula for a child rather younger and weaker than the one in question, increasing when the adopted formula is operating well.

Another method of feeding is by the use of butter milk. This has been an established thing in Holland and other European countries, among the laity, for some time, but recently has been recognized by medical men as a valuable source of food for infants. It is cheap, therefore adapted for use among the poor. It has an acid taste and reaction due to lactic acid fermentation. This would seem far from being a suitable food, but it does agree with some infants who have not thriven upon sweet milk preparations.

The advantage seems to lie in that the casein is already precipitated in small, soft curds and the lactic acid prevents further bacterial fer-

mentation. The proportions of fats and proteids are about the same as in skimmed milk, but, in spite of this, it does not cause rachitis or scurvy.

It may be given pure or diluted with boiled water to varying extent. Cream or sweet milk may be added when conditions warrant it. In preparing buttermilk, one or more tablespoonfuls of sugar and one tablespoonful of some fine cereal flour are usually added to the quart, the whole slowly brought to the boiling point, *stirring constantly*, then poured into sterilized bottles and stoppered. In reheating the separate feedings, care must be used not to bring above body heat, as buttermilk coagulates easily when heated.

The most recent method of overcoming the proteid difficulty is by the addition of Sodium Citrate. This prevents the formation of hard dense curds by some complex, chemical combination. One to three grains of Sodium Citrate, for each ounce of whole milk, are added.

This method is usually begun with equal parts of milk and boiled water, or even greater dilution, then quickly brought up to whole milk. This rather upsets the percentage idea but seems the simplest and most satisfactory modification known. The advantages are: 1, It renders the curd more easily digested, so that larger proportions of milk can be taken. 2, It is cheap. 3, It is convenient to handle. A solution is made up of such strength that one teaspoonful contains the amount of Sodium Citrate needed for one feeding. This is added to each bottle just before feeding. This simplicity of application recommends it for the use of the ignorant. Of course, as the milk is increased, the solution must be made stronger. Among the more intelligent, powders are ordered of known strength, and the solution made up from time to time, according to requirements. 4, The solution of Sodium Citrate ordered, satisfies the desire for medicine, which many mothers show. It does not seem sufficient, to them, that the sick baby should have only its diet looked into.

The Sodium Citrate modification is indicated when weaning infants for any cause, for the one or more artificial feedings, usually given to breast babies, daily, and in correcting the proteid dyspepsia shown by loss of weight, habitual vomiting and offensive stools containing curds.

When tolerance for whole milk is established, it is customary to cut down the Sodium Citrate, gradually, though it is sometimes used throughout the whole period of milk feeding.

LESSONS IN DIETETICS

BY MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and of the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Illinois.

(Continued from page 525)

COCOA

COCOA was first brought to Europe from Mexico by Columbus in 1520. The fruit of the cocoa plant resembles somewhat a cucumber. Embedded in the pulp are many seeds from which cocoa is prepared. The seeds are separated from the pulp and placed in heaps, for several days to ferment or sweat. This causes the adherent pulp to become loose, modifies the bitterness, and produces a dark color. The seeds are then roasted, which renders them brittle and loosens the husk, so that the two halves come out separately by pressure in a machine where they are known as cocoa-nibs. The nibs are either sold as such or are ground between hot rollers, which, by melting the fat which they contain, reduces them to a fluid condition. Most of the fat is removed by pressure, and the remainder of the cocoa is then run into moulds, from which it is removed as slabs. These slabs are ground into a powder for soluble cocoa or cocoa essence. However, soluble cocoa is a misnomer, for, strictly speaking, there is no such thing as a soluble form of cocoa. All that the term implies is that the powder is so finely divided that it easily remains in a state of suspension when mixed with water. In order to aid the suspension, various methods of treating the cocoa are sometimes adopted. The addition of alkali is a favorite device, especially with Dutch manufactures. It aids suspension by saponifying and emulsifying the fat, and at the same time softens the fibre of the cocoa, so that it can form a sort of pulp with water. It also has the effect of deepening the color of the beverage, and so of making it look stronger. The free addition of alkali is objected to by some as being injurious to health, but it is very doubtful if that can be fairly alleged against it. There are also methods of increasing the solubility of cocoa by the aid of heat and to these no objection can be urged.

CHEMICAL COMPOSITION OF COCOA

The chief ingredient is fat, of which the cocoa bean contains about half its weight. In the commercial powder, however, there is only about

thirty-two per cent. present, the remainder having been removed by pressure. Cocoa contains a considerable proportion of nitrogen—twenty-one per cent. being present in the form of proteids.

The chief alkaloid is theobromine, similar to caffeine. Cocoa contains also some tannic acid, though probably not of exactly the same form as that found in coffee and tea.

Starch is present to the extent of five and seventy-eight hundredths to fifteen and thirteen hundredths per cent.

The proportion of mineral matter is high, amounting, in raw cocoa, to from two and a half to three and a half per cent.

CHOCOLATE

Chocolate consists of ground cocoa from which the fat has not been removed, mixed with white sugar and starch. Flavorings, such as vanilla, are often added. The inferior varieties are made from unfermented beans, and therefore have a bitter taste. Good chocolate should melt easily in the mouth.

INFLUENCES OF TEA, COFFEE AND COCOA ON DIGESTION

The influences of these beverages on salivary and gastric digestion is, on the whole, unfavorable; of their effects on intestinal digestion we have little exact knowledge. Tea and coffee retard the peptic digestion, tea to a greater extent than coffee. Tea reduces the acid-absorbing power of foods; coffee has a similar but less marked effect, while cocoa actually increases it. For this reason, cocoa is the most appropriate beverage for patients suffering from the acid forms of dyspepsia. Often when the digestion is enfeebled, the stimulating effect of tea or coffee is useful.

Tea and coffee should both be avoided as an accompaniment to meals which make large demands on the peptic powers of the stomach, such as meals containing much meat. The irritating effects of these beverages on the stomach are more likely to be manifested when the latter is empty. The effects are probably least when the stomach is neither quite empty, nor too full.

USES OF TEA, COFFEE AND COCOA

The action of tea and coffee on the body depends entirely upon the tannic acid, caffeine and volatile oil which these beverages contain. The effects of the tannic acid are purely local, acting as an astringent. The caffeine and volatile oil, have a general pronounced physiological

action. Caffeine, like alcohol, is a stimulant, but unlike alcohol, affects the central nervous system even more than the heart.

The vital centres share in the stimulation produced by caffeine, as well as the brain cortex. After its administration, the respiratory movements are deeper and more frequent, and the heart beats more forcibly and rapidly. It is thus an important aid in combating impending paralysis of these centres in cases of coma. The action of the volatile oil contained in tea and coffee has not been fully investigated. It appears to act as a cerebral and cardiac stimulant and also produces some of the unpleasant symptoms, such as headache and giddiness. These oils seem also to have an action upon the blood-vessels, for tea tends rather to dilate the superficial vessels and render the skin moist, while coffee has the opposite effect.

It may be concluded, that tea and coffee are in no sense foods, in that they neither build up the tissues nor provide them with potential energy though they may diminish nervous fatigue. The bad effects usually attributed to an excessive indulgence in these beverages are of two kinds, affecting the nervous system or the digestion. The action of cocoa on the nervous system is very much less than that of tea or coffee.

Theoretically, cocoa is a valuable food, but practically it is not, because so little can be taken at a time. A breakfast cup of cocoa yields about forty Calories of energy. If it is prepared with milk and sugar the food value is much higher. Chocolate is of more value. One-half pint of milk with two ounces of chocolate yields about four hundred Calories of energy. The action of chocolate on the nervous system is less than that of tea and coffee.



THE USE OF FAT FREE MILK IN INFANT FEEDING.—Dr. Charles W. Townsend, writing in *The Boston Medical and Surgical Journal*, thinks that, while fat is very necessary to the normal infant, it is more often given in excess than is generally supposed. Excess of fat may cause one or more of a number of symptoms, as, for example, constipation, white and “curdy” stools, a ravenous appetite with atrophy, convulsions. In gastrointestinal disturbances it is desirable to exclude fat. The proteids of undiluted fat free milk appear to be remarkably well borne even by young infants, and there is an absence of so-called curds from the stools.

A JUVENILE COURT CLINIC

By ELEANOR KETCHAM, R.N.

Graduate of the Indianapolis City Hospital Training School, Indianapolis, Indiana

THE practice of putting school children through a thorough physical examination is now well established in this country.

A year ago the Indianapolis Juvenile Court, finding physical defect very conspicuous in many delinquent cases, adopted the system. At the beginning of the examination experiment, both in Europe and this country, the average of those children who failed to pass as perfectly normal was in most cases fifty per cent. or over. We have found in one year of our clinic this same per cent. existing.

By order of the court every child brought into it is examined before his trial takes place, and the clinic card containing in full the examination and doctor's recommendations is handed with the commitment papers to the judge for his use in the hearing.

In cases of defective eye-sight, hearing, adenoids or any abnormality, whether or not any delinquent tendencies may be traced to the effect of reflex nerve injury, at least it must be admitted, conduct is influenced. Often the failure to see and hear well in school leads to truancy on the part of a child, idleness leads to further mischief, and the juvenile court is soon called on to find a remedy. Many times parents are present at the clinics and a full explanation is given as to what treatment is found necessary.

At first, interest is shown and a promise is obtained to have the child, if released on probation, taken to the family doctor or a dispensary. On investigation it is found that few families, without further urging, pay any attention to the recommendations.

When asked the reason the reply is given, "Well, he don't complain," or, "His father is so agin it." Ignorance and habitual neglect are strong forces to deal with. A system of education and tactful persuasive measures then call forth the best resources of a graduate nurse.

Last winter much-needed operations for adenoids, tonsils, deflected septums, circumcisions, etc., as well as medical treatment for anemia, tuberculosis, chorea, epilepsy, etc., etc., made a season of interesting work.

So far as the probation children are concerned, this work cannot be carried on without a nurse.

The Indianapolis Clinic opens up a system which will show wonderful results in the more comprehensive handling of juvenile court children.

THE TUBERCULOSIS NURSE

By THEODORE B. SACHS, M.D.

Head, Sanatorium Department, Chicago Tuberculosis Institute

THE present crusade against tuberculosis, with the inevitable conclusion, that the majority of tuberculous patients must be given the benefits of open air treatment at home, is gradually opening a new sphere of usefulness to the trained nurse.

In her relation to the physician the tuberculosis nurse, in the main, occupies the same position as in other branches of medical work; the physician designates the method of treatment, the nurse puts it into execution.

The details of treatment of a tuberculous patient frequently require, however, such a radical rearrangement of the conditions of an individual home, that without a trained tuberculosis nurse the directions of the attending physician in many cases, are null and void to a great extent.

The mere outline of a consumptive's regime is much easier than its execution.

The trained tuberculosis nurse, in her relation to physician and patient, has a much greater sphere of activity, than in any other branch of medical work. In no other case is she as equal a partner of the medical man as in supervising the treatment of a tuberculous patient, as without her the application of a proper method of treatment is frequently impossible and the services of the physician are almost useless.

The management of a tuberculosis case at home presents the following two essential problems: first, protection of other members of the family from possible infection; second, arranging the quarters and the daily routine of the patient.

Protection of other members of the family from possible infection and the patient himself from reinfection entails on the part of the nurse a thorough knowledge of the proper disposal of sputum and methods of disinfection, effective in keeping the surroundings of the tuberculous patient free from tubercle bacilli and other germs which, in combination with tubercle bacilli, are responsible for the development of the much dreaded mixed infection.

Arrangement of outdoor quarters for the patient necessitates a familiarity with various methods of utilizing a house, a yard, a porch

or a roof for outdoor treatment of a tuberculous case; it necessitates a knowledge of various types of outdoor balconies, tents, etc.

The management of the daily routine of the consumptive presupposes an exact knowledge of the manifestations of the disease, correct interpretation of its symptoms, indications for absolute rest, proper clothing for the patient, diet, modes of bathing, etc.

The problem of the care of a tuberculous patient is inadequately treated in the curricula of most of the training schools for nurses and in order to obviate this deficiency it may be advisable for those who desire to engage in tuberculosis work, to do post-graduate work in sanatoria, tuberculosis clinics and similar institutions.

The tuberculosis problem can never be solved without coöperation of all classes and agencies of the community. The medical profession, trained nurses included, must be recruited first.

What enormous influence might be extended on society at large if every trained nurse would join heart and soul in the present widespread crusade against the white plague.

The effective management of the campaign against tuberculosis in New York, Boston, Philadelphia, at present in Chicago by the Chicago Tuberculosis Institute and in other large cities would be impossible without the trained nurse on the firing line.

In the crusade against this widespread disease she is bound to become the most effective agent in dissemination of knowledge concerning the disease, its proper management and methods of prevention.

She should and will be the torchbearer of light and the advocate of justice to the neglected consumptive.



THE CARE OF THE FEET

BY MRS. JEANETTE ORR

Graduate of the Colorado Training School for Nurses, Denver

SINCE I have been taking the JOURNAL and reading the excellent articles which have been contributed by our doctors and nurses, I have not noticed anything in regard to the care of the nurses' feet. Where is the nurse who can say she is not and has never been troubled with some one or more of the various troubles which afflict the feet? Can anyone tell of anything which practically makes one sick all over like painful feet? It is next to an impossibility for one thus afflicted to be at her best, though she may try ever so hard, and no one, not even the doctor, can guess the cause for her seeming stupidity at times—when the fact is her poor brain is simply tortured with pain from her feet, making it impossible for her to think and act quickly.

First of all, the most important and absolute necessity, in the care of the feet, is this, we must bottle our pride, and say, "Here goes for a comfortable instead of a pretty pair of shoes." The broad toe which admits of perfect freedom of the toes, the low flat heel, thick cushion sole, long enough so that the toes do not come in contact with the toe of the shoe, are needed, for it is a well-known fact, that tight, short shoes and high heels are responsible for many of the ailments of the feet.

After you have worn these common-sense shoes for a month, just put on a pair with tight-pointed toes and high heels and walk in them for an hour. What a relief to get into the others!

For those who have tender inflamed feet, there is nothing which will give such relief and cure, as the treatment used by the soldiers after a hard day's tramp when the feet have reached this condition. Place in a vessel about two gallons of cold water, add to this a large cup of ordinary salt, stir till dissolved, put the feet into this and let them remain for twenty minutes at least. Dry the feet thoroughly. Do this every night. In the morning put on clean hose. You will be surprised at the result at the end of one week's treatment.

For soft corns, which come between the toes, before dressing the feet in the morning, dust boracic acid between these members and place a thin layer of absorbent cotton over the corn. Repeat each morning.

For the hard corns, take a piece of fine sandpaper and rub them till all the hardness disappears, if the small hard center,—commonly known as the eye of the corn—cannot be reached in this manner, use

a knife for its removal, being careful not to make the toe bleed, grease well with vaseline night and morning, thus keeping it soft till the healthy skin has a chance to take the place of the hard callous. Each time the feet are bathed, special care must be given to the places where the corns appear, apply plenty of soap and water and brush thoroughly with a good brush—this stimulates circulation and keeps the hard callous from forming. Rinse the feet in cool water and dry thoroughly, again applying vaseline to the corn. Bunions may be treated in this way.

Another extremely painful affection of the feet is chilblain; the cure of which I am about to tell is absolute. It has cured cases where doctors have urged an operation.

First, elevate the foot and massage upward the afflicted part for about five minutes, then place the foot in water as hot as can be borne, keep adding hot water for at least fifteen minutes, remove from the hot bath and plunge the foot in very cold water letting it remain for fifteen minutes. Remove from the cold bath and dry, being careful to dry well between the toes, take a piece of soft muslin and put once around the toe and slightly overlap, being careful to keep out any wrinkles in the cloth, then take a piece of adhesive strap about three-eighths of an inch wide, begin at the extreme end of the toe and strap it round and round snugly the full length of the toe but not tight enough to impede circulation, do this at night and keep the strapping on several days. Repeat if necessary. Usually two or three treatments of this kind will cure a bad case of chilblains. The wrapping of the soft muslin must not be omitted as this protects the inflamed delicate skin from the drawing and somewhat irritating effect of the adhesive. The adhesive must be wound smoothly, cutting out with the scissors little V shapes rather than overlapping, to fit the toe, otherwise the pressure of the shoe on these uneven places may be painful.

The ingrowing nail usually takes care of itself after the foot has been fitted with a common-sense shoe, but to help them start right, we might suggest this treatment. The large toe is the one which suffers most. After the feet have been carefully washed, comes the manicuring of the nails. Never under any circumstances should the nails be cut down at the corners, as we cut our finger nails, but trimmed squarely across, letting the corners set well out on the toes. If at first they are not inclined to do so, take a blunt flat instrument and gently raise them and place a small pledget of cotton under them; this will cause them to grow upward and outward instead of inward.

Let us not wait and keep putting off the wearing of comfortable

shoes, for a nurse cannot do justice to herself, her doctor, or her patient when she travels on a pair of painful feet.

Speaking of shoes reminds me of an incident. We all know how patients notice everything about a nurse, and how they have the feeling that the nurse knows all things; a patient speaking to me in regard to a nurse whom she had recently discharged said: "Imagine her, a trained nurse, one of a class of women who are always looked upon as the most sensible, wearing French heels and beaded toe slippers and positively limping with pain. Why it made me nervous, I could n't endure it."

So there is another reason why nurses should use better judgment about shoes and the general care of the feet.

FLORENCE NIGHTINGALE

Born May, 1820 *

Received Order of Merit, December 5, 1907

On far Crimean fields the war was waged,
 Drenching with human blood the country fair;
 Brave as the beasts, like beasts the armies raged—
 The British Lion and the Russian Bear.

But through the fire and carnage of the strife,
 Beside the soldier's cot—the soldier's grave—
 To succor pain and rescue mortal life
 A woman moved, whose mission was to save.

* * * * * * *

Dead now the rulers of those sovereign States,
 Dead now the leaders of those warring bands;
 But still in honored age the woman waits,
 Reaping the harvest rising to her hands.

In every Christian land her name is blessed,
Her work shall live when she has laid it down.
 We, each, who serve the sick and the distressed
 Increase the eternal glory of her crown.

R. B. SHERMAN.

*[We have departed from our custom of putting verses in the Christmas number only, to insert these in the month when Miss Nightingale's birthday comes. Ed.]

RED CROSS WORK

THE RED CROSS AND THE NEW YORK COUNTY NURSES' SOCIETY

THE principal feature of the meeting of the New York County Nurses' Society held April 7th at the Bellevue Nurses' Club was what had been announced as "an open discussion on the Red Cross situation" with special reference to the question of the affiliation of nurses' associations with the Red Cross and lecture courses for the benefit of the public delivered under the auspices of the Red Cross.

The subject was introduced by Miss Pindell who stated that the New York City Training School for Nurses Alumnae Association had sent a communication to the Nurses' Committee New York State Branch Red Cross, asking for recognition as an affiliated association with the Red Cross Nurses' Corps. Miss Pindell read the answer received from the Secretary of the Nurses' Committee, also the rules of the committee in regard to the enrollment of nurses for Red Cross service. A syllabus of a course of lectures on Home Care which had been given in Washington under the auspices of the Red Cross was also read and Miss Damer was asked to open the discussion.

Miss Damer said that she felt that the nursing profession had not been doing its duty by the Red Cross, for as the Red Cross had shown its willingness to conform to the nurses' standards, the nurses should either have enrolled or stated the reasons why they were not willing to do so. If they took no action in the matter they must expect that the Red Cross would take other steps to provide nurses for their work. With regard to the affiliation of nurses' organizations with the Red Cross, the nurses would need to go very slowly. For one reason, they had already undertaken more work than they had been able to attend to and instanced the Public Health Committee which had been appointed at the last annual convention of the Nurses' Associated Alumnae. She advised the nurses to first ascertain what benefit it would be to them to affiliate with the Red Cross, and also what responsibilities that affiliation would entail, just what they would bind themselves to, and she mentioned that the Red Cross had undertaken to train its own nurses for tuberculosis work. This last statement was not correct as was stated later by Mr. Charles W. Hurd.

Mrs. Edmond Kelly stated that if instruction was to be given in nursing matters she thought the nurses were the proper people to undertake it.

In regard to the matter of affiliation of Associated Alumnae through Central Committee Red Cross, Mrs. Charles G. Stevenson stated that she thought it advisable, because in the first place, it would lead to a uniform standard of enrollment throughout the States. At present, every State could make its own rules, subject of course to the approval of the Central Committee. Also if the nurses' organizations did affiliate they would be more likely to have a voice in the selection of their representatives on the Committee for the Enrollment of Nurses.

Mrs. Stevenson was then asked to give some information with regard to the Red Cross work she was doing in Brooklyn. Mrs. Stevenson began by referring to the discussion on teaching Hygiene in the Public Schools and on tuberculosis work at the last convention of the Associated Alumnae which had led to the appointment of the Committee on Public Health. She said that in order to arouse public interest in a question of this kind it was necessary to first enlist the interests of the parents. She then quoted Mayor Lynch's address made at the last annual meeting of the New York State Branch Red Cross in which he said that in order to get members and to keep up their interest in the Red Cross, opportunities should be given to show them that they have a part to play in Red Cross work and that universal instruction of people in the laws governing sanitation would seem to be a peculiarly appropriate field of work. In organizing the New Utrecht Society, a part of the Brooklyn Sub-division of the New York State Branch American National Red Cross, Mrs. Stevenson said she had carried out the idea of the Associated Alumnae and had appointed a Public Health Committee, to arrange for courses of lectures on Hygiene, Sanitation, Emergency Nursing or First Aid. A number of persons were interested in Brooklyn and she asked the registered nurses to coöperate with the Red Cross in lecturing to them. If not, she asked them to answer this question, whom did they think competent to undertake that work.

In reply, Miss Dock spoke very emphatically against the registered nurses taking any part in this work for the reason that "the glamour of the Red Cross" always attracted an undesirable class of persons. If such people were given instruction by the Red Cross it would be detrimental to the interests of the properly qualified nurse because these amateurs would immediately enter the nursing field in competition with the registered nurses and it was the duty of the registered nurses to protect the general public from all such nursing quacks. Miss Dock also said that if the Red Cross was going to give lectures of this kind, the registered nurses would place themselves in a very foolish position

by enrolling for Red Cross service; she did not think the nurses ought to enroll unless the Red Cross agreed not to do anything of the kind.

Before beginning to speak Miss Dock had asked if any of the Red Cross people were present and Mr. Charles W. Hurd, Field Agent and member of the Executive Committee New York State Branch, was introduced by Mrs. Charles G. Stevenson. Mr. Hurd took part in the discussion that followed. Finally Miss Damer stated that as long as the nurses were not enrolled in the Red Cross they had no right to take any action with reference to work that was being done by the Red Cross, and she offered a resolution that all delegates present from nursing organizations instruct their members to enroll either in the Red Cross Nurses Corps or as regular members. After this resolution had been adopted Miss Gladwin, Superintendent of Nurses, Woman's Hospital, Manhattan, asked permission to say a few words.

Miss Gladwin stated that she had met the women in Brooklyn who were interested in organizing this class, that they were chiefly the mothers of families and homekeepers. Not one of them supposed for an instant that attending a few lectures would qualify her to take the place of the professional nurse. Miss Gladwin said she had spent several years in a small town where there was much demand for such simple instruction as these classes were intended to give, to help people to live better and to prevent sickness and disease. She had been frequently asked to instruct such classes, she had done so in the past and should be glad to do so again whenever her other work permitted.

The meeting was then adjourned.

ITEMS.

THERE have been several changes made in the rules governing the enrollment of nurses for the Red Cross in New York State. At the meeting of the nurses' committee on March 5th, it having been found that it was oftentimes a great inconvenience and sometimes impossible for an applicant to appear before the enrollment committee, Rule 2 was made to read:

All applicants must file letters of reference from two nurses of good standing, vouching for the moral character, professional standing and suitability of the applicant for this special work, unless she is endorsed by the executive committee of an affiliated body of the New York State Red Cross of which she is a member.

Rule 4 is to read:

All applicants must appear before a member of the Nurses' Committee for examination, and must present to the committee, with their other papers, the endorsement of their application by that member of the committee, unless the *alumnæ* association of which she is a member is an affiliated body of the New York Red Cross.

Rule 5 was added as follows:

All applications for enrollment must be filed at the state office.

The names of nurses enrolled since the last report are as follows: Miss Katherine Cole, R.N., Troy; Miss Anna M. Beadle, R.N., Troy; Miss Anna T. Pederson R.N., New York; Miss Martha E. Bollerman, R.N., Astoria; Miss Nora Brown, R.N., New York; Miss Frances Detwiler, R.N., New York; Miss Marie Louis, New York; Miss Eleanor M. Scott, Rochester; Miss Jessica S. Heal, Rochester; Miss Elizabeth Weber, Rochester.

Hon. Robert W. Heberd, Commissioner of Public Charities in the city of New York, has substituted the staff and serpent in the hospitals of his department instead of the red cross, on the sleeve of the white uniforms, as heretofore. The Commissioner was glad to make this change, realizing fully the importance of protecting the emblem and limiting it to its proper field.

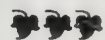
In the April number of the *Red Cross Bulletin* is an article by Surgeon Braisted of the United States Navy on "The Japanese Red Cross Nurse" which closes with the following suggestion:

It has seemed to me that as the experience gained by the Japanese in the last war has shown that it is especially desirable that Red Cross nurses for use in the services should have training in Military Hospitals to familiarize them with military ways and customs, that it would be wise and economical that in all general army and navy hospitals provisions should be made for the training of Red Cross nurses in time of peace. Experience has shown that the ordinary trained nurse, not responsible to any central organization or stringent discipline, has been far from satisfactory. A Red Cross nurse who has proven herself by a period of observation worthy of employment for the care of the sick of the army and navy, might safely and economically be employed in the military hospitals at government expense, thus providing a specially trained corps of female nurses for our soldiers and sailors of unexcelled professional and moral excellence and providing for this type of woman a compensation and permanent calling for which by nature she is specially fitted.

When we realize that in the navy alone there are seventeen general hospitals without any provision for female nurses in peace or war, the opportunity for this work by the Red Cross is at once evident. Such an organization in time of peace would lend itself to ready and rapid expansion in time of war.

I feel that this suggestion merits at this time the earnest consideration of the Red Cross of the United States.

NURSING IN MISSION STATIONS



NURSING IN A FOREIGN LAND

By E. C. WOODS

THE conditions which will confront a nurse in a hospital in such a country as China are not just those in which she has received her training. Yet from many points of view they are such as to attract rather than to repel. It is the conditions that really make the work the opportunity that it is, especially in such an opening as is now presented in the University Medical School in Canton, the foreign work of the Christian Association of the University of Pennsylvania. The work has just been started. One physician is now on the field, Dr. J. C. McCracken, 1901, University of Pennsylvania. He is purchasing land on which it is expected to erect a permanent dispensary and hospital, for which the money is in hand. At present he is at work learning the language and meeting from twenty-five to fifty patients daily in the small temporary dispensary. The first year's work of the nurse would be that of learning the language and helping in the dispensary a few hours each day. Later on, with the coming of the hospital, her duties would be that of a graduate nurse, and as proper candidates presented themselves, she would train several assistants, acting as head nurse to them. As the hospital grows, she would train as large a staff as would be required and act as superintendent. She would need patience and ability to modify methods so as to suit existing conditions. The set rules of an American Hospital could not be imposed unchanged upon a hospital in China. But principles are the same and will in every case point to the best methods. The work is small in its beginnings, and discouragements must be expected at first, but persistent effort will bring a realization of the greatness of the opportunity. There are still other attractions: chief of which, and inclusive of most, is the community of fifteen to twenty cultivated and enjoyable Americans, situated at the Canton Christian College, whose campus joins that of the Medical School. Canton also is a large city with a foreign settlement. The following quotations from a letter written by Dr. A. H. Woods while in China, and who worked in Canton for about seven years, may be of interest to any prospective candidate:

This is to give our views about a nurse. Just a commonplace nurse would not make a success out here at the present juncture. So far as I know no one has yet undertaken in China just the kind of work that we desire the nurse to do. Conditions make it necessary that we find an unusual combination of characteristics in the man or woman who is to start our training school. The root trouble here is that the spirit that makes men and especially women in America love the work, is entirely lacking. It is looked upon as drudgery, and only the lowest class of men and women will undertake it. Hence we want a nurse who can inculcate the spirit into the pupils and train them.

The conditions the nurse must confront are these:

As things now are native women will have to be trained by a master-hand before we would dare trust them to nurse men patients. It could be brought about by the right woman. Of course with the woman patients the problem is easy.

To start the nurses' department will require some one who will go in and do all the necessary tasks before the eyes of the assistants, but with such a bearing that they will never think of the work being servile; on the contrary they might be led to want to do it simply because they saw their leader doing it.

The people out of whom we must make our nurses are deficient in faithfulness. The trainer of nurses in China will be often discouraged by a degree of carelessness and petty weaknesses that are not often encountered in America. Here again, however, the right nurse could in the end succeed in transforming such material as we have into what we need.

The woman to do this work should be mature, with proper poise, so unquestionably a lady that low men patients would be unable to say vulgar things in her presence. She must be not only a good nurse, but able to train others, to organize the work for us and keep it going.

Concerning the danger of such a woman marrying and so leaving us, I have no suggestions. The proper woman for any difficult place is bound to be just the right woman for some man to fall in love with. But if, to other qualifications, she could add this virtue of widowhood or celibacy, it would leave us with a freer outlook. A clause in the contract could easily cover this point so as to be fair to both parties.

I write thus in detail about the difficulties because you will be asked in detail about the situation. It is important that no one come out to do this work without knowing what it means. If in the face of such knowledge a good nurse determines to come, we would have greater likelihood of seeing the department started and carried to success. We doctors will keep in close relationship with the head of the nursing department. We will all be together and so should be socially congenial. There will be no such thing as friction, if all recognize that as specialists each has his own responsibility. The nurse has the nurse's special work which is as dignified as that of an architect employed to build a building. We would not look for servile obedience, but we must of course have the ordinary coöperation such as would exist in a good hospital. The nurse should have a private suite of rooms, and set of servants, conveniently near the hospital. It is essential that the language be mastered, hence our desire to see the nurse out here and studying, early in the history of our work. We must insist upon all of our workers perfecting themselves in

the peoples' colloquial. Without this we will be working forever with dull tools, and misunderstandings with the people will be inevitable.

The salary for such a position is not meant to cover the worth of the person filling it. That is impossible. It is only meant to enable the worker comfortably to give her time and energy to her work. It would be six hundred dollars a year, with fifty dollars to help towards a summer outing of two to four weeks and a winter holiday of two weeks. The period of service would be six years, one of which would be spent at home on furlough, salary to continue during that time. She would also receive her necessary travelling expenses and rent of house or suite of rooms. Should she voluntarily resign within five years she would refund all travelling expenses and one-half of her salary; or within three years all money received to date. Further particulars of this position can be obtained by writing to Dr. J. C. McCracken, Canton, China, or to Edward C. Woods, Houston Hall, University of Pennsylvania, Philadelphia, Pa.

ITEMS

FROM *Woman's Work* we quote the following:

DOUW HOSPITAL AND DISPENSARY, PEKING.—Dr. Eliza E. Leonard in charge; Miss Janet McKillican, nurse.—Miss McKillican's return has been an inestimable boon. She had charge of evangelistic work, and gave valuable assistance in the operating and clinic room. We have had two Chinese assistant nurses, but neither belong to our mission and, the coming year, they will be engaged elsewhere. There are now so many avenues open to young women that one must have a real love for it and be animated by the spirit of the Meek and Lowly One, in order to deliberately choose a nurse's calling and make a success of it. Our experience the past year has proved there are such young women in China. Practically none in North China, outside of a mission school, is fitted to attempt the life. Regular lectures have been given in the Training School, five nurses being in attendance.

HODGE MEMORIAL HOSPITAL, PAOTINGFU.—Patients try to give something to the hospital to show their gratitude for help. It is often hard to accept their gifts, because we know that the few copper cents they have hoarded and brought, wrapped in brown paper and tied with a red string, have probably been saved from needed food.

IN Hiogo, Japan, a native gentleman offered to present the portrait of some distinguished man or woman to a primary school, according to the children's own choice. George Washington headed the list, but Miss Nightingale, the only woman whose name appeared, received thirteen votes.

A young Chinese father, a Harvard graduate, whose baby was ill, came to a missionary to ask whether he might borrow her copy of Dr. Holt's Care and Feeding of Children, as his wife did not know how to care for her sick child.

A MESSAGE FROM KOREA.—Miss Margaret Edmunds writes from Seoul to the JOURNAL:

Your opinion of the Manual of Nursing as published by the Medical Association of China is especially interesting since this very book is now nearly ready for publication in the Korean language.

Korean women have proven their ability to become thoroughly good nurses. School diplomas and gold pins are now being made in America and will be presented next year to Korea's first graduate nurses.



THE PROBLEM OF DISINFECTION.—*The Medical Record* in an editorial says in part: Professor H. Kenwood, a recognized British authority on disinfectants and on disinfection generally, recently read a paper on the subject in London. Among other valuable information he gave was the fact that there is an advantage in the use of disinfectants in a warm condition. The physical conditions under which germicidal tests are made are of greater importance than is usually thought. The atmospheric temperature is of great importance a precise temperature, 20°C., has been fixed by the Lister Institute as of necessity, if strictly comparable results are to be obtained. In regard to disinfecting rooms which have been occupied by persons suffering from infectious disease, Professor Kenwood appeared to be in agreement with the custom followed in some parts of America not to disinfect rooms at all unless the patient had been detained in them for a long period. From the standpoint of efficiency there can be little to choose between different methods of disinfection, provided that it is recognized that they represent but one step of several which are necessary for the complete disinfection of the room and its contents, and that the most important of these steps are the washing down with soap and a disinfecting solution of all those surfaces on which dust, and with it germs, can settle, and the removal, for steam disinfection, of all articles into which germs can penetrate.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

TRANSPLANTATION OF KIDNEYS.—*The New York Medical Journal* refers to an article in *The Journal of Experimental Medicine* stating that the author successfully transplanted the kidneys from one cat to another.

THE BEST THINGS IN THERAPEUTICS.—In *The Boston Medical and Surgical Journal* Dr. Gustavus Eliot gives the following drugs as of greatest value, both to the practitioner and to the patient: 1, Mercury in syphilis; 2, the salicylates in rheumatism; 3, quinine in malarial affections; 4, antitoxine serum in diphtheria; 5, aconite in the fever of acute diseases; 6, digitalis in chronic heart disease; 7, alcohol in cardiac weakness of acute disease; 8, ergot in uterine and pulmonary hæmorrhage; 9, creosote in diseases of the respiratory organs; and 10, the bromides in nervousness.

THERAPEUTICAL ACTION OF RADIUM IN CUTANEOUS TUBERCULOSIS.—*The New York Medical Journal*, quoting from *La Presse Medicale*, says: Wickham and Degrais speak of the effects produced by radium on several forms of tuberculous skin disease, and conclude that, in their opinion, radium can render good service in every form of cutaneous tuberculosis, and that it deserves a place in the treatment of granulations, tuberculous ulcerations, lupus of the conjunctiva, of the vicious cicatrices which follow lupus erythematosus.

CLEANING INSTRUMENTS.—*The Dental Cosmos* states that to remove coating from instruments which have been boiled use of prepared chalk, ammonia, and alcohol, each 2 parts, water 4 parts. Rub the instruments with a cloth saturated with this solution, then rub them dry with another cloth.

SUDDEN DEATH IN PNEUMONIA.—In *The Medical Record*, Dr. Parker Worster advocates cold application in severe cases of collapse in

pneumonia. He says that the excitation of cold is the most powerful and energetic agent for combating such collapse and can be accomplished in the following manner: A bathtub of water at 100°F. to extend just above the patient's hips is prepared and the patient placed in it or held in a semirecumbent position, and several basins of water at 60° or lower, as the case may indicate, are poured over his shoulders, chest, and back, the operator standing on a chair and holding the water as high as possible so as to get the required force. Such a procedure, if the patient is unconscious or delirious, will often arouse him to consciousness and brighten his eye, and his countenance will wake up from its apathetic appearance, his shallow respiration will become deeper, and the excitation of the cold upon his bronchial tubes will cause him to cough and expectorate and free them from mucus and his air cells from threatened hypostasis, his cyanosed and marble skin will become ruddier, the capillary circulation will be reestablished, and the heart will gain in force and diminish in frequency. This procedure will positively change the whole aspect of the case, and perhaps only one application will suffice to save the life of that patient.

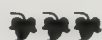
THE USE OF ANTHRACITE COAL ASH AS A SURGICAL DRESSING.—*The Journal of the American Medical Association* records that Clark has made experiments with anthracite coal ash pads as surgical dressings. He concludes that in cases where gauze cannot be obtained or the expense is too great, ash pads form a good substitute. In freely discharging sinuses and suppurating wounds the discharge will be well taken care of. When the discharge is thick and gummy, or where weight or bulk of dressing is contraindicated, they should not be used. They are particularly applicable to discharging wounds of the axilla, popliteal space, and palm of the hand, because they fit snugly and tend to splint the part. They are also well suited to varicose ulcers and discharging sinuses of the abdomen. The ash pad is made in the following manner: The ash collected from the furnace is placed in a flour sifter and thoroughly sifted. It will be found to fall on a sheet of paper as a soft, brownish, floury powder. This is all the preparation necessary. A piece of old sheet or well washed linen is cut in rectangular shape and of any desired size. The square is placed on a table and a small pile of the ash is placed in the centre. The sheeting or linen is then folded over it, as in making a poultice. Such a pad can be made rapidly, and when examined will be found soft, compact, and absorbent. It can be nicely adjusted to any part of the body with adhesive plaster straps. After

an ash pad has been applied to a discharging wound for some time it becomes moulded to the part, as the ash loses its powdery consistency owing to absorption. It has then the consistence of dough, and acts as a partial splint, being more comfortable than otherwise.

MIGRAINE.—*The New York Medical Journal* in a synopsis of an article in *The British Medical Journal* says: Dobson states that the word "migraine" is the shortened form of hemicrania, and represents a definite entity, and must not be used for headaches in general. Migraine is a functional disease, characterized by paroxysmal attacks of headache, usually one sided, and which may be associated with sickness, peculiar affections of sight, and various mental symptoms. Migraine is looked upon as hereditary, but it is probably the tendency to a neurosis which is inherited. Women are supposed to suffer more than men, but the writer holds the contrary. As to the primary cause of the disease, we can only say there is a hereditary predisposition to a brain storm. When we come to the immediate or exciting causes, it is generally found that mental or bodily fatigue, worry, or eye strain are responsible. Three classes of migraine may be recognized: 1, Simple hemicrania, typical in that it is unilateral and responds to every arterial beat; it recurs every few weeks. 2, Sick headache, again periodical; unilateral headache, culminating in nausea, followed by vomiting and prostration; hereditary. 3, Blind headache. Other and more alarming symptoms which may be grafted on any case of migraine are tingling of lips or the arm, numbness of arm, drowsiness, motor aphasia, and squint (temporary paralysis of the third nerve). The headache is typical in that it responds to every heart beat, is made intolerable by stooping or coughing, and is in the great majority of cases unilateral. The character of the headache, its periodicity, and usual association with vomiting or blindness makes the diagnosis easy. The attack is one of a large group of nerve storms which are liable to sweep over the human organism—epilepsy, spasmodic asthma, tic douloureux, and others. Certain constitutions seem to accumulate stores of nervous energy, which are liberated by one of these explosive methods. Treatment consists in:

1. To lessen the tendency to the explosive action in the nervous centres. Here may be pointed out the necessity for a sufficiency of sleep, nutritious food, but not excessive in quantity, prevention of intestinal fermentation, and regular exercise.
2. To avoid the immediate exciting causes. These are gastric disturbance, constipation, and eye strain. In migraine there is no deterioration of mind.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

PRIVATE NURSING IN INDIA. THE LADY MINTO NURSING ASSOCIATION

THE want of trained nurses in some parts of India has long been keenly felt. Many are the tales of suffering told, and no one questions the statements made by medical men and others, that "many valuable lives have been lost, simply for the want of trained nurses."

Where trained nurses could be obtained, the expense of employing them was so great as to put them beyond the reach of any except those who had large incomes. It was felt that the time had come when something must be done to increase the number of fully trained nurses for private work in India, and make it possible for not only the wealthy, but also those whose incomes were limited, to obtain skilled nursing in time of sickness.

The late Lady Curzon, who took such a keen interest in questions dealing with the care of the sick, both European and Indian, felt that this was a matter which needed immediate attention. A committee was appointed to consider how this need could best be met, and for two years Lady Curzon acted as president and worked hard to obtain the information necessary and formulate a scheme which was submitted to the Secretary of State. This scheme was referred back, chiefly on financial grounds, and before anything further could be done Lady Curzon had left India.

There were already two small nursing associations working in Northern India, the "Punjab Nursing Association" in the Punjab, and "The Up Country Nursing Association" in the United Provinces. These had an influential committee in London which collected a certain amount of money, and selected and sent out the nurses, but they depended chiefly on the fees earned by the nurses, and subscriptions received in India. Both associations were greatly crippled for funds, and the number of nurses was therefore very limited.

The home committee, on hearing of the probability of a new association on a large scale, approached Lady Curzon's successor, the Countess

of Minto, concerning the future of their Indian branches, expressing a wish to join in any scheme which would secure skilled nursing for all classes of Europeans in India.

It was decided to found an association on entirely private lines, by making use of the existing organizations as a foundation. The home committee consented, and promised to become home committee of the new association. The next thing to be considered was finance. It was absolutely necessary to have a sound financial basis. It was decided to establish an endowment fund and a general appeal was made in England and in India, which met with a generous response in India, and fair support from England. The appeal was sent to Europeans only, but some generous Indian princes and gentlemen contributed.

The sum of one hundred and sixteen thousand, six hundred and sixty-seven dollars was invested for the endowment the first year, this endowment to be increased until the association became self-supporting.

The control of the association is vested in a central committee of fourteen with power to add to its number. The wife of the Viceroy is honorary president. Members include the Director-General of the Indian Medical Service, with one representative from the army and from each of the provinces where the association has a center. These members can attend by delegation. The surgeon to the Viceroy is honorary secretary, and the Chief Lady Superintendent controls all matters connected with the nurses. The central committee is responsible for salaries, nurses' passage from England and back when term of engagement is complete, uniform, expenses in illness, and railway expenses for nurses on ordinary or sick leave. The income of this committee is derived from the interest on invested funds, an annual grant in aid from the government in India, and the fees earned by the nurses.

Each province has its own sub-committee of seven. This committee exercises independent control over the nurses (except in appointment and dismissal, which lies with the central committee) and general affairs of the branch, subject to the guidance of the central committee in essentials. The incomes of the provincial branches are derived entirely from subscriptions of members of the association. This goes to pay the board of Lady Superintendent and nurses when in the home, wages of household servants, and the current expenses connected with the upkeep of a home. The government of each province maintains the house and furniture as government buildings.

A scheme enabling the rich and poor to benefit by a sliding scale of fees has been arranged. Any one with an income less than one hundred and sixty-seven dollars per month, by subscribing annually to the provin-

cial branch three dollars and thirty-two cents can obtain the services of a nurse for the small fee of sixty-four cents per day. Those whose incomes are over one hundred and sixty-seven dollars per month, by subscribing annually six dollars and sixty-four cents, pay for the same nurse a fee of one dollar and thirty-two cents per day. Special concessions have also been made under certain circumstances, and in special cases the provincial committee has power to modify the fees for the nurses or remit them altogether.

Subscribers becoming members of the association can vote at the annual meeting, and have the first claim on the services of the nurses. The fees are the same for all kinds of cases, but midwifery is only taken in especially urgent cases. Non-subscribers can have nurses if there are no calls from subscribers, but they must pay two dollars and sixty-four cents per day.

At the end of 1907, the association had opened ten homes in five provinces, with one Chief Lady Superintendent who visits the different homes and controls all matters connected with the nurses, three Provincial Lady Superintendents, who are responsible for the supervision of the staff under them, and thirty-nine nurses. Where the number of nurses in a centre does not exceed eight, there is no resident lady superintendent, and some local lady who takes an interest in the association is invited to act as honorary secretary for the branch. Nurses as a rule must have had their training in England, a three years' certificate is required, and a certain number must be certificated midwives. The pay is twenty-five dollars per month, with board, lodging and laundry, and thirty-three dollars and thirty-two cents annually for uniforms. After every three years of service an advance of three dollars and thirty-two cents per month is made, until a maximum of thirty-five dollars per month is reached.

Nurses engaged in England receive a free second cabin passage and one hundred dollars for outfit. The engagement is for five years. At the end of that time they have return passage to England. Nurses engaged in India engage for three years. All nurses wishing to re-engage for a second or third term must first take a post-graduate course of not less than three months and must produce a certificate of proficiency, the hospital to be chosen by the central committee. One month holiday annually on full pay is allowed. Provincial committees have power to grant short intervals of leave for rest on full pay from time to time. Leave on medical certificate on full pay may be granted for a period not exceeding six months.

Nurses engaged in England are selected by a special committee, of

whom Miss Sidney Browne, R. R. C., late Superintendent-in-Chief of Queen Alexandra's Army Nursing Service, is secretary. Nurses wishing to join the association, apply to her at 29 Mortimer Street, London, W. Nurses engaged in India are selected by the Chief Lady Superintendent.

J. W. THORPE,
Sansi, India.

A letter from Africa brings us the following:

BRISKRA, ALGERIA.

WE visited the hospital last week. It was founded by Cardinal Lavigerie for the sole use of Arabs. The Cardinal seems to have done a lot of good work here during the first days of the French occupation. The hospital named after him is a low building, all but a small part one-story high, and has nice gardens about it. It has over one hundred beds and is in charge of Catholic Sisters. The Superior, who showed us through, seemed very kind and sympathetic, and bemoaned the fact that the natives suffered chiefly from diseases brought by Europeans. The hospital wards were airy and very clean, and all but a few patients were in the garden having their lunch. They squatted on the ground, as is their custom, and ate with a relish their bread and beans.

REBECCA SHATZ.

ITEMS

THE New Zealand Nurses have brought out a Nursing Journal, and we hope soon to receive a copy. Its name is in the native tongue of the Island—*Kai Tiaki*, which means the Guardian or Watcher.

THE English nurses, whose registration bill is again before the House of Commons (though hardly likely to pass until it is made a government measure) have again been treacherously attacked from the rear by their enemies, the mediæval-minded gentlemen who are determined to control the nurses' living conditions. These men have introduced into the House of Lords a bill which the *British Journal* rightly calls a "Subjection of Nurses Bill," to provide for an Official Directory of Nurses. It was drawn up in secret, no nurse was consulted; it was railroaded into the House of Lords, and its purpose is to exclude nurses from any share in the control of their own profession. Why does not Mr. Sidney Holland, who appears to be a kindly and well-meaning person, cease this unmanly and paltry guerilla warfare against women to whom the Empire of Great Britain owes such an enormous debt? Where is the vaunted "fair play" of the noble Anglo-Saxon? This refusal to admit that nurses have a right to sit on the examining boards of their own body is a survival of the slave-holding spirit, and inspires contempt and indignation.

The British Journal of Nursing gives the following news from India:

At the recent distribution of prizes to the Nurses of the Albert Edward Hospital of Kolhapur, an interesting report was presented by Dr. Krishnabai Kelakvar. A class of nurses was first founded by Dr. George Sinclair soon after the foundation of the hospital sixteen years ago, and had to be recruited from amongst women who could scarcely read in the vernacular. But with careful teaching these nurses were able to do good work. Two were commissioned for personal attendance upon the Ranee, and the others were drafted on to the hospital staff where for twelve years they have given great satisfaction to the State and hospital authorities. They have rendered great assistance in the surrounding districts in difficult labor cases, their services being constantly requisitioned over an area of from ten to thirty miles to relieve women in delayed labor. Now middle class families have begun to avail themselves of their services in ordinary labor cases. Slowly tradition is yielding before them and they are effecting amongst the conservative high-class women, by their practical work, what it has been impossible to accomplish by oral teaching.

In April, 1905, owing to the rapidly increasing demand for nurses another class was opened, and the Maharajah showed his sympathy with the project by sanctioning scholarships to meet the necessary expenditure. This time it was possible to secure a better educated type of nurse, and the work of well mannered nurses did much to popularize western treatment in the eyes of the public. After a two years' course, ten out of the twelve pupils passed the final examination, and were at the recent prize giving awarded certificates entitling them to practice as nurses and midwives. Of these ten three are Brahmin widows, one is a Mohammedan, one a Rajput, one a Koli, three Marathas, and one a Jain. This Jain nurse is probably the first in her caste in the whole Bombay Presidency to take up the profession, and Dr. Kelakvar says "it is interesting to note that in spite of being a mother of three children she has stood first in this class." We congratulate Dr. Kelakvar on the result of her efforts, and heartily wish success to our Indian sisters in the work upon which they are entering



THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET, FULMER

SOCIAL SERVICE CONFERENCE

ON the evening of March 14th, a large audience representing the social activities to which the services of the trained nurse have been directed, gathered at the Henry Street Settlement to listen to a most interesting and stimulating recital of the extension work of the Massachusetts General Hospital, inaugurated by Dr. Richard Cabot and under the supervision of Miss Ida Cannon, a trained nurse. The District Nursing Associations which were represented at the meeting include the following:

Department of Health Nurses; School Nurses; Presbyterian Hospital Visiting Nurses of Brooklyn; Henry Street Settlement Staff of Visiting Nurses; Social Service Workers in New York City; Bellevue Hospital, Miss Wadley and Assistant; Presbyterian Hospital, Miss Mounce; Mt. Sinai Hospital, Miss Johnson; New York Hospital, Miss Jameson; Vanderbilt Clinic, Dr. Leader; Cornell Clinic, Dr. Dyer; Westinghouse Lamp Co., Dr. Blaustein; Wanamaker's Store, Miss Duncan and Assistant; Vantine's Store, Miss Horton; Abraham and Straus' Store, Miss Wood and Miss Heller.

Miss Cannon told of the origin of the Social Service in the Out-patient Department of the Massachusetts General Hospital. The work was started in October, 1905, by Dr. Richard C. Cabot, who was convinced that the physician's efforts in the big clinics should be supplemented by those of the social worker. The work has grown rapidly until now there is a staff of six paid workers and sixteen volunteers.

She outlined the various divisions of the work. They were as follows: tuberculosis, with two classes for home treatment; hygiene, with individual and home instruction, cases sent to convalescent homes; work for psycho-neurotics, with occupation class; sex problems with unmarried pregnant girls; and ward work with cases needing friendly offices and those soon to be discharged. All cases that can be well cared for by existing agencies are referred to them.

Researches into the social aspects of varicose ulcers and the condi-

tion of ex-sanatoria tuberculosis cases are being carried on. The object throughout is to make the hospital treatment effective.

Miss Cannon felt that such social work offered a large, new field of activity for which nurses ought to prepare themselves; that our present training schools are too specialized for preparation for Social Service; and that it would be well if nurses might have the opportunity for social training either through elective or post-graduate work.

THE Instructive District Nursing Association, Troy, New York, was incorporated February 19, 1908, and the first annual meeting was held February 28, 1908. The constitution was adopted and elections were held for officers, a board of managers and an advisory board. The date of meetings is the last Friday of each month. The association expects to begin work as soon as the services of a qualified, graduate nurse can be secured. It is proposed to begin with one nurse whose support will cost about eight hundred dollars annually, and to increase the number of nurses as the means at hand will permit. Members pay an annual fee of two dollars. The president of the association is Mr. Robert Cluett.

THE Woman's Club of Honolulu, Hawaii, will pay twelve hundred dollars a year for a visiting nurse of experience and ability to take charge of special tuberculosis work. For particulars apply to the editor of this department, Miss Fulmer, 79 Dearborn Street, Chicago.

REQUESTS have come from several sources for papers on the following: "How to Form a Visiting Nurse Association," "Story of a Day's Work Done by a Special Tuberculosis Nurse." The editor will be glad to have these two short papers by June 1st.

THE Visiting Nurse Association of Chicago receives an average of ten letters a day in reference to various phases of visiting nurse work. Unintentionally it has grown into a bureau of information on the subject. Every visiting nurse is asked to send to Chicago all printed matter pertaining to her work, and the addresses of all societies and individuals engaged in any phase of house to house nursing. A card catalogue of all associations is being collected, and the editor will be very grateful for assistance in making this information up to date and complete.

WE are all looking forward to the publication of Miss Waters' book on Visiting Nursing.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

THE CLINICAL THERMOMETER

IN answer to M. L. B.'s question in this department in the February JOURNAL, we submit the following, gleaned in a medical library; it more than covers the ground, but it all seemed interesting.

From Quain's Dictionary of Medicine: The thermometer was invented by Galilei, about 1603, but it was Sanctorius (1561-1636) who first had the idea of investigating the temperature of the human body in health and disease.

From Buck's Reference Handbook of the Medical Sciences: Sanctorius is said to have adapted the thermometer to the investigation of human temperature but fully a century elapsed before any systematic use of the instrument for that purpose was recorded. Boerhaave, VanSwieten, and DeHaen are the three names which appear most prominently in the literature of thermometry in the 18th century. But it required another hundred years to bring thermometry into favorable clinical use. There is hardly a better example of the apathy with which the medical profession of the time regarded the introduction of methods destined to become of inestimable value in the study and cure of disease.

The universal use of the clinical thermometer at the present time is due to the labors of a multitude of investigators and teachers, prominent among whom are Baerensprung, Traube, Wunderlich, Becquerel, Maurice, Aitkin, and Seguin.

For convenience of use, thermometers are now generally made self-registering. This was first attained in the instruments used by Currie in the early part of the present century, by means of a small piece of iron resting upon the surface of the mercury. The expansion of the mercury caused this to rise, but its contraction did not draw it back. The register had to be restored by shaking, in the manner which is used to restore the index at the present time.

NOTE—We want to remind our contributors that anonymous communications are not published in this department unless the name of the writer is known to the editor.

The register which is now generally used is that known as the indestructible index, secured by a constriction of the tube near the bulb, so narrow as to prevent the passage of an unbroken column of mercury through it. The expansion of the fluid causes it to pass the constriction, but a greater force than that of gravity or of the cohesive power of mercury is required to draw the column back into the reservoir. The index must be shaken down.

MEDICAL REMINISCENCES

DEAR EDITOR: In a recent JOURNAL someone asked for the history of the clinical thermometer. One answer has already been printed, giving the history of the invention of the ordinary barometric thermometer; to which I would like to add the following:

Shortly before his death and twenty years after he had given up practice, I had the pleasure of nursing in the family of Dr. James R. Chadwick of Boston. Dr. Chadwick had been the associate and friend of James Jackson, Oliver Wendell Holmes, Marion Sims, Fordyce Barker and the other great men, now dead, who did so much for medical history in this country, and never tired of telling me stories about them. He told me that James Jackson, the father-in-law of Oliver Wendell Holmes, first introduced in this country the cold-bath treatment for fever patients; the first patient he so treated was a sailor sick on board ship with typhoid or typhus fever, and Dr. Jackson took his temperature by placing the ordinary ship's thermometer in his axilla. My impression is, that Dr. Chadwick said this was the first attempt at taking body temperature. The making of small thermometers for clinical use, doubtless began as soon as the practice was established. I think I am correct in saying that the improvement of a self-registering index (mercury which stays up until it is forcibly shaken down), is recent—within the last twenty or twenty-five years.

RUTH BREWSTER SHERMAN, R.N.,
Baltimore, Maryland.

EDUCATIONAL REQUIREMENTS

DEAR EDITOR: I have been reading with interest the discussion on shortage of applicants to the training schools for nurses. I think that probably the hard, monotonous work with so little freedom (for the successful nurse is usually on a case) has something to do with the trouble. I find myself often very tired of it, and my cases are mostly of the best people and generally pleasant, but how I long sometimes to get away from

it all, away from everybody but my own people, and I suppose other nurses feel the same.

No doubt the increasing number of schools is another reason for the shortage, which means not so much a shortage as greater demand. As for the three year course, that is an advantage that most women who are sincere in becoming nurses should be glad of. I was the first nurse to register for the three years' course in Germantown Hospital, Philadelphia, but it did not strike me as being a hardship; my one idea was to become a good nurse. I think it would be a pity to enforce the one year high school requirement of the New York Education Department, as there are women like myself who are unable to have it, and it would be the only reason for their not being admitted to the training schools. My own case was either music or school and having a hope of making music my life work, I gave up school when in the grammar grade. Afterwards my health failed, as I studied music too closely, and was compelled to give it up. To earn my living was necessary, so I turned to nursing, which I have made a success, if one can judge by time being well filled with good cases. No doubt plenty others can tell similar tales, but do not misunderstand, I do not mean that higher education is not a great advantage, I only hope good women will not be barred out because lacking it.

S. P. R., R.N.

WHERE ARE NURSES NEEDED?

DEAR EDITOR: The JOURNAL is so instructive and inspiring that after reading a copy a nurse has a deeper conviction that it is good to belong to a profession whose sphere of usefulness is so broad and so absolutely necessary, but I agree with the writer of "A Nurse's Point of View" in the April issue that a woman finds herself in an unfortunate position who has right equipment and not opportunity to demonstrate it. When long waits between cases compel the spending of every dollar for actual living expenses one earnestly seeks a reason for non-success, and not finding it in herself concludes it lies in an over-supply of nursing service in that locality; hence her fortune could be mended by going where there are fewer nurses and a greater demand.

Barring the south, has the JOURNAL knowledge of any part of the country not adequately supplied with trained nurses? Such information would be valuable to me and I should be very grateful for it.

C. H. J.

A COMMENT

DEAR EDITOR: The nurse's letter on page 545 of the April issue seems quite inconsistent with the difficulty of the Red Cross in obtaining volunteers and the advertisement of the National Headquarters of many positions to be filled.

H. F. K.

SUGGESTIONS

DEAR EDITOR: The other day while reading an editorial article in the nursing journal I came to a part which said, "that nurses doing private duty seldom write about their work, and that it sometimes seems as if all the women of ability had taken up hospital work."

I, for one, believe that to-day no nurse with much individuality or ability can remain long in private practice and therefore they either give up the profession altogether or commence to do institutional work, if they feel they can afford to work for the small salary paid.

I continue to do private nursing not that I wish to, but, first, because I enjoy taking care of the sick and am happy while doing it; secondly, I do not approve of caps, aprons, bibs, etc., that nurses are obliged to wear when in an institution—superintendents excepted. I do not wear any of the above while doing private nursing and why should we be compelled to while in hospitals as graduates or when nurses in training. Nothing is cleaner or neater than a plain well-made white dress and I am sure the nurses would soon adjust themselves to keeping a dress spotless when once they became accustomed to not having an apron to spot and change at will; as for laundry, two white dresses a week is a great deal less than one dress and half a dozen aprons, bibs, and cuffs. On the other hand white will boil and gingham won't.

Again, take the District Nursing Associations of some of the cities. The hats the nurses are compelled to wear make most of them look "frights." In no other profession, except where it is due to the individuals' eccentricity, do they show such lack of all beauty in dress as in the nursing profession. It is much more economical to get something you will look your best in, even if you have to wear it three times as long, as to buy some cheap, gaudy, or dowdy clothing that only helps to spoil the beauty around us.

I have always felt that it would be of benefit to the public if the rich who give money to build hospitals in small towns, in memory of themselves or some relation, or as in some cases where the town appro-

priates the money, would give a fund the proceeds from which should be used in paying competent district nurses to make daily rounds among the sick. The poor would have the best private nurses and the public would derive untold good from it compared to the benefit received from small hospitals. I feel justified in saying that half a dozen paid nurses in some of these smaller towns and no hospital would do infinitely more good than hospitals and would not cost as much in the end. If we had less of these small hospitals we would have fewer poorly trained nurses and it would open up a field for the competent graduate nurse.

I am certain if nurses and doctors would bring before the public the need of funds to carry on hospital work they would be left larger amounts and in the end those who are connected with the work of the hospital would be paid a sufficient salary to enable them to save a little for sickness or old age. If nurses are to give their time and often health in caring for the sick and receive so little in return that they can't save any, it means they become a burden to some one later on, perhaps the hospital they have been in, hence nothing is gained in the end but much lost.

M. J. U., Boston.

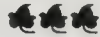


FEED THE HOSPITAL PATIENT.—In an editorial under this heading *The New York Medical Journal* makes an earnest plea for more care in selecting and preparing food for hospital patients. It says:

In almost all our hospitals the food provided for the patients is abominably repulsive. It is furnished in abundance, and we do not doubt that it is for the most part nutritious. With a trifling increase of expense it might be made appetizing, and nobody will deny that a sick man's inclination to take food ought to be encouraged rather than smothered.

As regards our hospitals, cookery seems to be a lost art—at all events one that is ignored. Proper attention to the marketing will procure unexcelled roasting pieces of beef at a moderate cost, and the slices ought to come to the wards in better condition than that in which they are ordinarily to be obtained in expensive restaurants, for the patients all dine at a fixed hour, so that the meat has not to be kept warm for an indefinite length of time, whereby the life is steamed out of it. It will not do to say that the patient comes from the slums and has never been used to good living; he is sick, and it would be the part of wisdom to induce him to eat heartily during his convalescence, so as to shorten his necessary stay in the hospital.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

MICHIGAN STATE MEETING

Program of the Fourth Annual Meeting of the Michigan State Nurses' Association, Epworth Heights Hotel, Ludington, Michigan:

Tuesday morning, June 30th. Registration, payments of dues, meeting of executive board.

Tuesday afternoon. Address of welcome and response, reports of committees, president's address, parliamentary law drill.

Tuesday evening. Reception at Stearns' Hotel.

Wednesday morning, July 1st. Business. Report of delegation. Papers: "Red Cross Work," Dr. Rowland; "Nursing for the Small Wage Earner," Miss Flora Nieman.

Wednesday noon. Picnic dinner at Lake Hamlin.

Wednesday evening. Business. Papers: "Profession of Nursing," Mrs. L. E. Gretter; "State Registration," Miss S. E. Sly.

Thursday morning, July 2nd. Business.

Thursday afternoon. Boat ride on Lake Michigan. Experience meeting in charge of Mrs. W. S. Foy.

AN announcement that will be of great interest to nurses is that in the plans for the forthcoming Congress on Tuberculosis to be held in Washington in September a session entirely for nurses has been provided for. It will come under Section V, of which Edward T. Devine of New York is President, and will fall in the week of September 28th to October 3rd.

At a meeting of nurses called by Mr. Devine in New York on April 16th, it was arranged that the work of nurses in the campaign against tuberculosis should be represented in three ways at the congress: 1. There will be certain papers allotted to nurses in the general sessions. 2. There shall be the special nurses' session for the purpose of enabling them to bring their special problems and lines of prevention work for discussion among themselves. 3. There shall be exhibits received from nurses, which will be shown in connection with the exhibits of work with which the nurses' work is related. Thus where a Dispensary exhibits its system and scope, the nurse who goes from the dispensary into the home should demonstrate her following-up or teaching and nursing work as an agent of the Dispensary.

The need and usefulness of a special nursing session was urged especially

by Miss Nutting, at whose instance a committee was appointed to work up a program. Those who were present, all of whom will go on this committee, were Miss Maxwell, Miss Goodrich, Miss Wald, Miss Hitchcock, Miss Damer, Miss Dock, Mrs. Robb, and Miss Nutting, who was appointed chairman. Miss Dock agreed to act as secretary for the special session. The collection of exhibits will be undertaken by some one else to be announced later. A number of other names for the committee were proposed and will also be announced later. One paper to be prepared for the general sessions is to give a summary of nurses' work in tuberculosis. *For this all nurses in this line of work are asked to send the leading facts in connection with it, briefly stated, to Miss Dock at Fayetteville, Franklin County, Pennsylvania. It is desirable to show the extent, and the nature of the nurse's share in the anti-tuberculosis campaign.*

For the special session a program of short papers will be prepared, each one dealing with *some one practical point*. It is hoped that every one present will contribute a short, written discussion of the special point in which she is most interested. The outline of the program covers: The nurse's work in protecting the family of the consumptive; her arrangement of room, bed; her devices for fresh air, nourishment, exercise, occupation for the patient; her ways of disinfection and teaching the family how and what to disinfect; her work with mothers, children in school, tuberculosis classes, her use of leaflets, what is useful in teaching; her work in sanatoria, day camps, floating hospitals, etc., etc.

As the time is short, all who have useful material to contribute are asked to communicate at once with me. For present information about exhibits, write to Miss Nutting at Teachers College, New York.

L. L. Dock,
Secretary of Special Session for Nurses in Tuberculosis Work.

NEW YORK STATE EXAMINATION

THE next examinations for registered nurses for New York State will be held June 23rd to 26th, and candidates should make application at once to the Education Department at Albany. There seems to be still a general misunderstanding among the older graduates in regard to registration without examination.

The terms of the waiver for non-graduates expired April 27, 1906, but nurses who had graduated before the passage of the bill April 27, 1903, or who were in training at that time, and who can comply with the other requirements of the law, are still being registered without examination. Many women who were out of the state at the time the law was passed, or who have come into the state since, being graduates from schools registered with the Regents, are granted certificates without examination.

INDIANA STATE EXAMINATION

THE Indiana State Board of Nurse Examiners will meet at the State Capitol in Indianapolis on May 29th and 30th to examine applicants for registration.

All applications should be sent to the secretary of the board before May 20th.

EDNA HUMPHREY, Secretary,
Crawfordsville, Indiana.

THE HOSPITAL ECONOMICS COURSE

TEACHERS COLLEGE

CONTRIBUTIONS TO ENDOWMENT FUND

Previously acknowledged\$6,327.20

Received since report in March number:

From Miss Davids, Treasurer Associated Alumnae:

Denver Trained Nurses' Association..... \$35.00

Bellevue Alumnae Association..... 250.00

Bellevue Delegates:

The Misses Nash, Perkins, Reading and Rhodes. \$20.00

Miss Rhodes 5.00

25.00

Connecticut Alumnae Association 6.00

Dane County (Wis.) Nurses' Association..... 20.00

Woman's Hospital Alumnae, Philadelphia..... 25.00

Kansas City University Alumnae..... 15.00

Miss M. E. Kershaw..... 5.00

381.00

From other sources:

Columbia and Children's Alumnae Association, Washington 100.00

Salem Hospital Alumnae Association..... 50.00

Alumnae Association Hospital of the Good Shepherd,

Syracuse 25.00

Alice Fisher Alumnae Association..... 100.00

Georgia State Nurses' Association..... 50.00

St. Vincent's Alumnae Association..... 50.00

Miss Louie Croft Boyd..... 5.00

Miss Harriet Fulmer..... 10.00

Miss M. C. Packard:

For self \$10.00

For four others of Maryland University School
of Nurses:

Miss N. L. Flanagan..... 10.00

Miss Lucy Ladd..... 10.00

Miss N. J. Lackland..... 10.00

Miss Eliza B. Gray..... 10.00

50.00

Miss G. Anderson..... 2.00

Miss Annah Winn..... 5.00

Miss Mary Gladwin..... 2.00

449.00

\$7,157.20

For current expenses:

Miss M. E. Stanley..... \$10.00

Itemized account of contributions received through Miss G. J. Sanders
and not acknowledged in February Number:

Jewish Hospital (Phila.) Alumnae Association.....	\$10.00
Miss Brent	10.00
Miss Ada Payne	10.00
Miss Donahoe	10.00
Miss M. E. P. Davis.....	10.00
Miss Edith Madeira	5.00
Miss Garrett	5.00
	<hr/>
	\$60.00

ADELAIDE NUTTING,

April 13, 1908.

Chairman of Finance Committee.

THE larger contributions, such as come from alumnae associations and state societies, are apparently now nearly all in, and the total sum received is a little over seven thousand dollars. This is a good beginning, but it will be evident to all of us that it is but a beginning toward the sum of seventy-five thousand dollars which we ultimately hope to obtain. We should now turn our attention to the individual contributions, for which, as yet, we have made practically no appeal, although a certain number have been received. The sums given by large societies usually make no demand whatever upon our individual members, and therefore the field is wide open for the twenty thousand or more nurses who are included in the American Federation. The plan of giving the proceeds of one day's work has commended itself to a good many, and it is from the many contributions of five or ten dollars, rather than from the few of one hundred, that we shall ultimately build up our fund and establish an educational work which should be the interest of every nurse of every school throughout the country.

The special courses of lectures are proving to be of a good deal of interest to outside students, who say that there is a real need among those in charge of the smaller hospitals and training schools for just such instruction as these lectures afford. From ten to twelve outside students, in addition to the regular class, attended all of Mrs. Robb's four lectures during the first week in March; and also the very practical course of lectures on Hospital Laundries given by Miss Clara Noyes which followed. All of these lectures were not only interesting, but of very great value, embodying in both instances the results of long experience and close study of the special problems with which they dealt. Women already in hospital positions often need some further instruction or information concerning some phase of their work and responsibilities which can nowhere at present be obtained; and, further than this, as our methods improve from year to year, it is important for them to keep abreast of new ideas and new tendencies. We are being asked if certain courses cannot be given here as a part of the work of the Summer Session for those who cannot get away at other times of the year.

Mrs. Robb's visit is always looked upon as one of the events of the year, and a small tea was given in her honor at Whittier Hall during her stay.

Our students find the College a very attractive place, and enjoy greatly the opportunities which it offers for study in various fields which are more or less allied to our own particular work. Several have stayed on after receiving the Hospital Economics certificate or diploma. Miss Isabella Jewell, for instance, a graduate from the Massachusetts General Hospital, who had filled several administrative positions before coming here, received the certificate of the Hospital Economics Course in 1904; obtained the Domestic Science diploma in 1905; remained on for a third year to obtain the Hospital Economics diploma, and was the first nurse who took the second year course in this subject. Last year she remained for a fourth year to obtain the degree B. S., and is now studying for her M. A. During the last two years, while studying for her degree, she was resident nurse at Whittier Hall (the first to hold this position); and during this past year she has been doing some teaching in the domestic science department.

Miss Elizabeth Harcourt has been resident nurse at Whittier Hall this year, while studying for her diploma in hospital economics. This position has grown steadily in importance and value, and the nurse is now looked upon as a vital factor in guarding the health of the students.

Miss Anna Hedges has remained as assistant in the Department of Hospital Economics while working for her Domestic Science diploma, which she hopes to hold in addition to the diploma of this department, as she is making the study of diets and the work of the dietitian her special field. This latter seems to us in the direct line of preventive work, and as such should be particularly effective in the hands of the nurse.

STATE MEETINGS

KENTUCKY.—The Kentucky bill for state registration passed the senate by unanimous vote, but was defeated in the house by the interests of sanatoria and small private hospitals.

INDIANA.—The semi-annual meeting of the Indiana State Nurses' Association was held in Fort Wayne, March 27th and 28th. The meeting was called to order by the president, Miss Edna Humphrey, in the Assembly Room of the Court House.

After the invocation, Dr. M. F. Porter of Fort Wayne, welcomed the nurses most heartily to the city and the president responded expressing the appreciation of the visitors for the hospitality of a city which has such historic fame.

After hearing several excellent papers the members had the privilege of listening to Miss Isabel McIsaac of Benton Harbor, Michigan, on "What Work Shall the State Societies do after Registration is Secured?" She inspired the association with a desire to do greater things and better work in the future, and also pointed out the weak places.

The reception at eight-thirty P.M., given by the board of Hope Hospital in honor of the nurses, was a very enjoyable affair.

On the morning of the 28th a special car took the delegates to the Indiana School for feeble-minded where Dr. Charles Beall held a very interesting clinic which will be long remembered by those present.

A bounteous luncheon was served by the Hope Hospital Alumnae at twelve-thirty, after which the final session was called to order. The secretary's and treasurer's reports were read and accepted.

Papers on "Associated Charity Work," "Hospital Alumnae," "Private Nursing," with one on "What is Being Done by Women in the Profession in Foreign Lands?" followed by an interesting question drawer in which many good points were brought out, made a full and profitable afternoon.

Twenty members were taken into the association. A systematic canvas of the state is to be made to secure subscriptions for the Hospital Economics fund.

The almshouse committee reported that the work was being take up and a good report could be expected at the annual meeting in September.

Resolutions were adopted urging the nurses of Indiana to aid in every way the physicians of the state in securing a hospital for tuberculosis and in their fight against the disease; offering sympathy to the secretary who was unable to be present because of illness and death in her family; and thanking the nurses and physicians of Fort Wayne for the entertainment and kindness shown.

M. D. CURRIE, Secretary, per A. R.

MINNESOTA.—The fourth semi-annual meeting of the Minnesota Graduate Nurses' Association was held on April 14th at the Pillsbury House. More than a hundred nurses from various parts of the state were present. A paper was read by Miss Edith P. Rommel, president of the State Board of Nurses Examiners, on "Nursing Conditions in Hospitals in Minnesota." The discussion of the paper was opened by Miss Christensen. Dr. Alexander Watson, of Chicago, read a paper on "The Nurse's Place in the Tuberculosis Fight." The association appointed Miss Rommel as its delegate to the Associated Alumnae meeting in San Francisco. It was also voted to extend an invitation to the Associated Alumnae to meet in Minnesota in 1909.

ALMSHOUSE CENSUS TO BE USED BY STATE SOCIETIES

State.....County.....Distance from nearest town.....

Number of inmates: Men.....Women.....Children under 16.....

Each child, why there, and how long.....

.....

.....

Number of insane.....epileptic.....feeble-minded.....blind.....

“ “ other defectives

Number of inmates in good health.....Number of bed patients.....

Number of feeble and partially helpless.....Number with discharging
abscesses, sore eyes, syphilis, cancer, skin eruptions, etc.....

Number of tuberculous patients.....What special care given these, and care
of sputum?

To what extent, and how, are sick isolated from well?.....

.....

Name of physician.....Salary.....

Frequency of physician's visits.....

Are records of physician's visits and treatment of patients kept at almshouse?....

Who dispenses drugs in physician's absence?.....

What employes (keeper, matron, cook, etc.)?.....

Is there a resident trained nurse?.....Name.....

Date and place of nurse's graduation.....

If no nurse, who takes care of the sick?.....

What attention is paid to sick diet?.....

.....

Were you courteously received?.....

(over)

On reverse is space for remarks, with signature, address and date.

REGULAR MEETINGS

BROOKLYN, N. Y.—The Alumnae Association of the Brooklyn Homeopathic Hospital held its regular meeting on March 4th at 126 Greene Avenue. Eleven members were present. On March 18th, the members spent an enjoyable afternoon with Mrs. William Carson.

BROOKLYN, N. Y.—The annual meeting of the Long Island College Hospital Training School Alumnae Association was held April 14th at 128 Pacific Street. The following officers were elected: President, Miss Elizabeth McCarthy; first vice-president, Miss M. Decker; second vice-president, Miss F. Thompson; treasurer (reëlected), Miss R. Kelly; recording secretary, Miss B. Donalson; corresponding secretary, Miss Anna Davids, 128 Pacific Street; directors, Miss A. North, Miss M. Fraser, Miss G. Maynard, Miss A. Wiley, Miss J. E. Wiley.

BROOKLYN, N. Y.—The annual meeting of the Alumnae Association of the Methodist Episcopal Hospital Training School for Nurses was held April 8th in the hospital.

The reports from the various committees show that it has been a successful year. More interest is shown in registration and the work of the Red Cross Society. A liberal sum was subscribed towards the support of the chair of Hospital Economics at Columbia University.

The Alumnae Association intends holding a fair in the newly finished wing of the hospital on Friday and Saturday, April 24th and 25th, the proceeds to go towards endowing a room for sick nurses in the hospital.

The following officers have been elected for the ensuing year: President, Miss Shipman; first vice-president, Mrs. Zimmer; second vice-president, Miss F. Smith; secretary, Miss I. M. Hall; treasurer, Miss Ferris; corresponding secretary, Miss M. Culbert.

FALL RIVER, MASS.—The regular monthly meeting of the alumnae association was held April 1st. Miss Wetherby read a very instructive paper on Associated Charities, and related some of her experiences as secretary of that society.

There was a good attendance, and at the business meeting it was voted to furnish a room in the new Union Hospital. Light refreshments were served.

CINCINNATI, OHIO.—At the last quarterly meeting of the Cincinnati Hospital Alumnae Association the parlors of the Nurses' Home were quite filled with enthusiastic members. The endowment committee reported progress. It was decided to help entertain the Superintendents' Society at its annual meeting. After the business, Dr. Michael Behrman, an oculist, of Covington, Kentucky, gave an interesting address on "The Care of the Eyes." The next meeting will be held June 1st.

CHICAGO, ILL.—The alumnae association of Lakeside Hospital has been admitted to membership by the Associated Alumnae.

GRAND RAPIDS, MICH.—The third annual meeting of the Union Benevolent Association Hospital Alumnae Association was held at the Nurses' Home, March 9th. There was a large attendance and after hearing the official reports of the officers and the various committees, all listened with pleasure to the president's splendid address. The election of officers resulted as follows: For president, Mrs. MacDonald was unanimously re-elected; first vice-president, Miss I. M. Barrett; second vice-president, Miss Hannah Singer; recording secretary, Miss Helen A. Pemberton; corresponding secretary, Mrs. Robert Hill; treasurer, Miss Christine M. Hendrie, re-elected; director, for three years, Miss Ada M. Hirshey.

KALAMAZOO, MICH.—The fifth annual meeting of the Graduate Nurses' Association of Kalamazoo, was held March 14th at the Young Women's Christian Association. After the reports from the officers and committees, the annual election of officers was held. Following are the officers elected: President, Miss Florence M. Lee; vice-president, Miss Minnie L. Johnstone; secretary and treasurer, Miss Effie C. Pierce; censor, for three years, Miss Coral Vivian. The central directory established by the association has supplied two hundred and forty-five calls during the year for graduate nurses only, one hundred and two being out of town calls. Since organizing, the association has doubled its membership notwithstanding the fact that three of its members have married and left the profession.

ORANGE, N. J.—The regular meeting of the alumnae association of the Orange Training School was held at the Nurses' Home, 68 Henry Street, on March 18th.

Following the routine business the subject of a Central Registry was brought up for further discussion. It was deemed unwise for the society to take any action, as a body, that would interfere with the personal freedom of its members, so the endorsement or rejection of this project was left to the individual.

The invitation of the Board of Governors of Memorial Hospital to hold this meeting at the Nurses' Home was much appreciated. In spite of inclement weather there was a good attendance, and all enjoyed the welcome of an open fire and spring flowers as well as the pleasant social hour which followed the business meeting.

PHILADELPHIA, PA.—The nurses' alumnae of the Woman's Hospital held its regular monthly meeting at the hospital, March 11th. It was well attended. Much business was discussed and dispensed with. At the close, the members were agreeably entertained at a tea given by Mrs. Close in the Nurses' Home.

PLAINFIELD, N. J.—At the annual meeting of the alumnae association of the Muhlenberg Hospital Training School, which was held at the Nurses' Home on March 17th, the following officers were elected for the year: President, Miss O. Z. DeLany; first vice-president, Miss M. Cramer; second vice-president, Miss Hughes; secretary, Miss C. Van D. Stryker; treasurer, Mrs. R. C. Davison. Satisfactory reports were read by the secretary and treasurer, and an address was given on "The Care of the Nervous Sick and Insane" by Dr. J. H. Buchanan, a member of the hospital staff. Refreshments were served and a social evening enjoyed.

NEW YORK, N. Y.—The Bellevue Alumnae Association gave a reception to this year's graduating class.

TORONTO, ONTARIO.—The graduate nurses of Toronto are making a great effort to secure funds for a club-house and are to give a fête next November for that purpose.

COLORADO SPRINGS, COL.—At the monthly meeting of the Nurses Registry Association of Colorado Springs a committee was appointed to devise ways and means of entertainment for the visiting officials and delegates of the Associated Alumnae of the United States during their stay of twenty-four hours, on April 29th.

A paper signed by the most prominent doctors and nurses of Colorado Springs has been sent to Governor Buchtel protesting against the recent injustice done Colorado Springs in depriving it of representation on the State Board of Nurse Examiners.

Mrs. Clara M. Balkam was elected president; Miss Carrie B. Moore, vice-president; Miss Christine B. Swingle, secretary, and Mrs. Frances Dean, treasurer, for the ensuing year.

MINNEAPOLIS, MINN.—At a recent meeting of the Hennepin County Graduate Nurses' Association the proposition of getting the national convention to convene in Minneapolis in 1909 was considered with great enthusiasm. The publicity committee of the Commercial Club will lend its aid.

PERSONALS

MRS. VIRGINIA BUSBY, a graduate nurse of Des Moines, has, with her husband, Dr. Busby, opened a hospital in Brooklyn, Iowa, accommodating six patients.

MISS MAUDE MOSER MCKAY, graduate of St. Luke's Hospital, New York, took charge of the operating room at the Touro Infirmary, New Orleans, on April 1st.

MISS WEST resigned her position as superintendent of the Brattleboro Retreat at Brattleboro, Vermont, on May 1st. She will be succeeded by Dr. C. D. Wilkins who has been her assistant.

MISS SARA WEINBERGER, formerly head nurse at the City Hospital, East Liverpool, Ohio, took charge on April 15th of the new Montefiore Hospital in Pittsburgh. The statement made in regard to Mrs. Weinberger in the April JOURNAL was an error.

MISS MARY LURIE, class of 1902, Lebanon Hospital, is taking up tuberculosis work in Boston. Mrs. Hogan, class of 1904, who has been doing hospital work in Panama, has returned to Washington, D. C. Miss Margaret McCalum, class of 1905, will leave New York May 12th, by way of San Francisco, for Japan, where she expects to take up institutional work. Miss Lillian Barèt, class of 1905, who has been ill at the hospital for some weeks, is improving.

MISS RENA S. WOOD, graduate of the Orthopædic Hospital and Infirmary for Nervous Diseases of Philadelphia, formerly head nurse of the Children's Hospital in the same city, has been appointed principal of the new training school for nurses of the Children's Memorial Hospital, Chicago. Miss Grace G. Watson, who has been at the head of the hospital for some years, will continue as superintendent of the hospital. This hospital has been giving affiliation training to pupils of other schools but with new buildings, and accommodations for more patients, and opportunities for enlarged work, it is establishing its own school. Its course will be rounded out by affiliation so as to give its pupils complete training.

MISS MAY PEREGRINE, graduate of Wesley Hospital, Chicago, and formerly night superintendent there, is superintendent of a hospital at Guthrie, Oklahoma. Miss Edith Willis, class of 1907, is superintendent of the Good Samaritan Hospital, Vincennes, Indiana. Miss Mildred Marsden class of 1907, is superintendent of nurses in a hospital at Bozeman, Montana. Miss Jennie Lind, class of 1907, is head nurse at Wesley Hospital. Miss Mary Uglow, class of 1906, formerly assistant superintendent at Wesley Hospital, is filling a similar position at the Julia Burnham Hospital, Champaign, Illinois. Miss Florence Olmstead, class of 1906, is clinic nurse at Northwestern University Medical School, Chicago, succeeding Miss Evelene Mirise, who is doing private nursing.

At the Maine General Hospital, Portland, Maine, on March 19th, a reception was given by the graduate nurses to Miss Amelia L. Smith who, after fourteen years of self-sacrificing and devoted service, during which time she has brought the school to a standard unexcelled by any in the country, has recently resigned. Mrs. Fred Marston on behalf of the graduates presented Miss Smith with a beautiful silver purse, suitably engraved, containing sixty-

five dollars in gold. Mrs. Marston extended the best wishes of the graduate nurses and Miss Smith feelingly responded.

The pupil nurses gave a coffee percolator and gifts were also received from the employes.

Letters of regret were received from many of the nurses who were unavoidably absent but who had been glad of an opportunity to contribute to the purse. Refreshments were served and a social hour enjoyed. Twenty-five or more of the leading graduates were present.

BIRTHS

ON January 28th, in Quebec, a son to Mrs. Harry Aird, who was Miss Meikle, class of 1901, Methodist Episcopal Hospital, Brooklyn.

ON March 12th, at Riverton, New Jersey, a daughter to Mrs. Van Steenberg, who was Miss O. M. Barrett, class of 1902, Methodist Episcopal Hospital, Brooklyn.

MARRIAGES

ON March 1st, at New York City, Miss Rebecca Kaiser, class of 1901, Lebanon Hospital, to Dr. Samuel Schulhofer.

ON November 26th, Miss Sarah Martin, graduate of Wesley Hospital, Chicago, to Mr. S. Tipton of Seward, Nebraska.

ON February 22nd, at Ludington, Michigan, Miss Elizabeth Matthews, class of 1905, Wesley Hospital, Chicago, to Mr. James Foster.

IN December, Miss Grace Frinney, class of 1905, Wesley Hospital, Chicago, to Mr. Fred S. Rose. They will live at Dodge City, Kansas.

IN December, Miss Daisy Campbell, class of 1906, Wesley Hospital, Chicago, to Dr. William Mum. They will live at Janesville, Wisconsin.

ON April 1st, Miss Minnie Bouch, class of 1906, Lebanon Hospital, to Mr. George Hess. They will live at the Empire Hotel, New York City.

ON December 31st, Miss Frances Dawley, class of 1899, Elizabeth General Hospital, Elizabeth, New Jersey, to Mr. George Bertram Noyes. They will live at Pittstown, New Jersey.

ON February 22nd, at St. James Church, Philadelphia, Pennsylvania, Miss Margaret Florence Gaffney, class of 1905, New York City Hospital Training School, to Dr. Thomas Creigh Park of Pittsburg, Pennsylvania.

ON March 23rd, at Rochester, New York, Miss Margaret Philips, class of 1907, Lee Private Hospital, to Professor Frederick G. Church of Batavia, New York. Mrs. Church, after her graduation, held a position at the Memorial Hospital, Canandaigua.

OBITUARY

ON March 24th, at Finley Hospital, Dubuque, Iowa, Miss Minnie Slattery, of the class of 1907, died after a two weeks' illness.

ON January 14th, at her home in Watertown, Massachusetts, Martha Theresa Hudson, class of 1902, Carney Hospital, Boston, Massachusetts.

WE have recently received word of the death of Miss E. Grace Clark of Lynchburg, Virginia. Her sister writes that she was always a most devoted friend of the JOURNAL, working for its interest in every possible way. Her assistance has long been recognized in our subscription department.

HOSPITAL AND TRAINING-SCHOOL NOTES



THE Bellevue Board of Managers, on the recommendation of Miss Damer, has decided to establish a course of lectures on private nursing to be given by members of the *alumnæ* association to the pupil nurses. These are to be paid for at the rate of three dollars each.

A ROOM has been set aside at the Minneapolis City Hospital for the use of *alumnæ* members and pupil nurses during illness. The *alumnæ* are to furnish the room. The request for the room was made by the *alumnæ* and was granted by the City Board of Corrections and Charities.

THE graduating exercises of the schools for nurses of Bellevue Hospital were held on the evening of April 9th in the Auditorium of Cornell Medical College. Addresses were made by Rev. William O. B. Pardow, S. I., and the Hon. Homer Folks. Receptions were held afterward at the nurses' homes.

THE annual report presented to the trustees of the Rome Hospital, Rome, New York, by the superintendent of the hospital, Miss Katherine Newman, shows that a number of needed improvements have been made during the past few months in renovating old rooms, changing the location of others, and finishing off parts of the building to be used for maternity cases and for additional rooms for pupil nurses, also the furnishing of attractive rooms to be used as a study and as a dining-room for the nurses.

THE commencement exercises of the Margaret Fahnestock Training School for Nurses connected with the New York Post Graduate Hospital were held on the evening of April 21st. The following are the graduates: Gertrude E. Chase; Gladys E. Chesnée; Ida M. Davis; Elva Hughes; Ethel W. Jarvis; Ella Johnston; Percy M. Lalor; Emma C. Linter; Minnie H. Maclean; Laetitia M. McNamara; Mary C. Robinson; Ella M. Ross; Minnie L. Silcox; Gladys G. Smith; Rose Stahle; Minnie J. Steele; Mary E. Tayler; Rose E. Towne; Dorothy C. Trego; Rose Urban; Margaret Warburton.

THE outcome of the recently organized superintendents' association of Minneapolis has been a series of talks given to the senior nurses of all the

schools. The classes, with their superintendents, met in the clinic room of the City Hospital where there was plenty of room for all, about sixty, who presented a picture good to look at in their various uniforms. The talks given were as follows: District Nursing, Miss Minnie F. Patterson, of the Associated Charities; Tubercular Nursing, Miss Catherine E. Brown, Christian Tuberculosis Nurse; Institutional Work and Hospital Economics Course, Miss Alice Smith, Superintendent of Nurses, Asbury Hospital; Private Nursing, Miss Caroline Rankeillour, Graduate St. Barnabas' Hospital; Army Nursing, Miss Estelle Hein, Graduate Northwestern Hospital; Settlement Work, Miss Caroline Crosby, Unity House; Nursing Organizations, Miss Bertha Erdmann, Superintendent of Nurses, City Hospital; State Registration, Miss Edith P. Rommell, President State Board of Nurse Examiners; Legal Advice, Mr. A. D. Dorelius, Attorney-at-Law.

THE graduating exercises of the class of 1908 of the Lebanon Hospital Training School for Nurses were held on the evening of April 8th at the Nurses' Home followed by a reception. The hall was decorated with flowers and the school colors, purple and gold.

Prayer and the opening address was delivered by Rev. Dr. B. Drachman, followed by the presentation of diplomas and pins.

Dr. A. Mayer presented thermometers; Mr. Paul Hirsch, hypodermic sets; and the Nurses' Alumnæ Association, tablet cases to the graduates. Two prizes, of twenty dollars and fifteen dollars in gold, were awarded by the President of the Board of Directors, Mr. Jonas Weil, to Miss Mary Wilson and to Miss Mary Waldron.

Dr. Ralph Waldo administered the Hippocratic Oath and the closing address was made by Mr. Max Boehm, chairman of the training school committee.

The graduates are: Mary E. Waldron, Ellen T. Burns, Ida D. Barth, Rose A. Costello, Mary A. Hanan, Marsha Shapiro, Jeanne A. McNair, Mary V. Wilson, Ruth A. Wilson, Bertha Pavitt, Selina Katinsky.

THE following are the questions of the New York State Board of Nurse Examiners as used in the examinations of February. The applicants were allowed to select ten questions from the fifteen given on each subject. The questions prepared by Mr. Sanford, who died a few days before the examinations took place, were passed upon by Miss M. E. May who had just been appointed to succeed Miss Palmer.

ANATOMY AND PHYSIOLOGY

Examiners, L. B. Sanford, M. E. May

1. What is anatomy?
2. What is the spine?
3. Locate (*a*) the atlas, (*b*) the axis.

4. Mention the bones that inclose the thoracic cavity.
5. Name the organs located in the thoracic cavity.
6. What separates the abdominal cavity from the thoracic cavity?
7. How many pairs of ribs are there?
8. Locate (a) the femur, (b) the tibia, (c) the fibula.
9. What is synovial fluid?
10. Locate (a) the duodenum, (b) the jejunum, (c) the ileum.
11. What is bile and what are its functions?
12. What constitutes the nervous system?
13. Name the special senses.
14. What are waste products?
15. Define nutrition.

GENITO-URINARY NURSING

For Male Nurses

Examiner, L. B. Sanford

No Candidates

1. What is the normal amount of urine voided by an adult in 24 hours?
2. What is the specific gravity of normal urine?
3. Define retention of urine, suppression of urine, incontinence of urine.
4. Tell how a patient should be catheterized. Mention dangers to be avoided in using the catheter.
5. How should the bladder be washed out?
6. How should an inunction be given?
7. Mention the different methods of administering mercury.
8. Describe the care that should be given the mouth and the general health of a patient under mercurial treatment.
9. How should a catheter be sterilized and cared for?
10. What is residual urine?
11. In caring for a syphilitic patient what precautions should be used to prevent the spread of the infection?
12. What are some of the common complications of gonorrhea?
13. In caring for a case of gonorrhea how would you protect the eyes of yourself and patient?
14. In case of retention of urine how might you relieve the patient without using the catheter?
15. Define epididymitis, orchitis, cystitis.

MEDICAL NURSING

Examiner, J. E. Hitchcock

1. Give *three* nursing measures that may be used for the relief of insomnia.
2. Give nursing measures for the relief of low, muttering delirium.

3. Mention *two* salutary effects of cold baths in fevers. Give any unfavorable effect that may follow these cold baths.

4. Why is the foot of the bed elevated in collapse? Give the reason for ligating extremities in a case of extremely low vitality.

5. Mention *three* nursing points important in the care of a case of typhoid fever.

6. What is the appearance of the stools in (a) gastro-intestinal diseases of children, (b) typhoid fever, (c) biliousness?

7. Give formula for simple cleansing enema.

8. Give formula for purgative enema, with reason for each ingredient.

9. Where may the membrane of diphtheria be found? Where is it usually found?

10. What is ventilation? Give the general principle to be observed in securing good ventilation.

11. What relation does a draft bear to ventilation?

12. If the bodily temperature is rising during the first stage of a chill why do we apply external heat and stimulation?

13. Why is friction given during cold, antipyretic baths?

14. Suppose that a patient has swallowed a poison the nature of which is unknown; give immediate nursing measures.

15. Describe bed and body clothing for a patient with pneumonia, both when the fresh air treatment is employed and when it is not employed; in the latter case give the temperature at which you would keep the room.

NURSING OF CHILDREN

Examiner, A. Damer

1. What is rachitis? What special care should be given by the nurse to a rachitic child?

2. Mention the causes of rachitis. Give the general appearance of a child with rachitis.

3. What are some of the causes of incontinence of urine in children? What would be required of the nurse in caring for such children?

4. In what class of patient does chorea most frequently occur? What should the nurse do in these cases?

5. Mention the symptoms of spasmodic croup and give nursing measures of relief.

6. What is the difference between false croup and membranous croup?

7. If alarming symptoms arise in a case of membranous croup what should the nurse do while awaiting the physician's arrival?

8. Name the three stages of measles and give the symptoms of the first stage.

9. What special care should be given a child with measles? What precautions with reference to the room should be taken in a case of measles?

10. What complications are liable to occur in scarlet fever? How would you guard against them?
11. What would the nurse be expected to do regarding the urine of a child with scarlet fever?
12. What special nursing treatment should be given a child after an operation for harelip?
13. Describe the nurse's treatment of a child with pediculosis.
14. In nursing a child with whooping cough what should be guarded against?
15. If a child refuses to take medicine what measures should the nurse take?

DIET COOKING

Examiner, A. Damer

1. How is the body supplied with its elements?
2. What are food adjuncts? Name *three* food adjuncts.
3. What are the main objects of cooking food?
4. Which food principles contain nitrogen?
5. What is a calorie?
6. Why is air necessary in the utilization of food for the body?
7. What foods should be avoided in the dietary of a young child?
8. Which proteids, animal or vegetable, are the more easily digested? Why?
9. State the effect of tea on the system.
10. How should a cup of tea be prepared?
11. What food principle is almost lacking in wheat?
12. Why should bread be toasted? How should toast be made?
13. Give recipe for boiling three tablespoons of rice.
14. Give recipe for scrambling two eggs.
15. Give recipe for making ginger tea containing one-half teaspoon of ginger.

OBSTETRIC NURSING

Examiner, B. Fraser

1. What is the function of the placenta?
2. What does the umbilic cord contain?
3. State briefly how you would make a breast bandage. Give measurements.
4. Name the external genitals.
5. What articles would you have prepared and ready on the breast tray?
6. Of what is human milk composed?
7. In case of infection of the eyes of the newborn, if ice applications were ordered how would you prepare for them and how would you give the treatment?
8. Name some of the complications that cause hemorrhage during pregnancy.

9. How would you prepare a patient for a perineorrhaphy immediately after labor?
10. What is the daily routine care of the mother during the first nine days?
11. Give detailed directions for dressing the cord and applying the binder when this is to be done by the nurse.
12. When is the infant given its first tub bath?
13. How would you determine the probable date of labor?
14. When does pregnancy begin and when does it end?
15. Give the usual treatment and care of the bowels after delivery.

MATERIA MEDICA

Examiner, B. Fraser

1. Define fermentation.
2. Define antiseptic, disinfectant, deodorant. Give examples of each.
3. Name some of the oils and fats most commonly used in medicine and give the source of each.
4. Give the physiologic action of fats.
5. Give in English the meaning of *each* of the following abbreviations: p. r. n., a. c., p. c., q. i. d., alt. hor., alt. noc., garg., q. s.
6. What is the source of the preparations of iron used in medicine?
7. Name *three* hypnotics; state the dose of each and mention the best time to administer each.
8. If ordered to give Fowler's solution of arsenic t. i. d., when would you administer it and how would you dilute it?
9. When giving aconite what precautions would you take and what symptoms would you look for?
10. Write the approximate equivalent of *each* of the following: 1cc, 4cc, 30cc.
11. When spiritus frumenti is ordered as a stimulant, what is the average dose for an adult by (a) the mouth, (b) the rectum?
12. To what class of medicines does magnesium sulfate belong? Give the source, dose and action of magnesium sulfate?
13. Define restoratives. Give *three* examples.
14. What strength of the solution of bichlorid of mercury would you prepare for (a) the disinfection of the hands, (b) a vaginal douche?
15. What strength of the solution of formalin would you use to disinfect clothes? How long would it be necessary to leave the clothes in the solution?

BACTERIOLOGY

Examiner, S. F. Palmer

1. Give *two* ways in which tubercle bacilli easily enter the human body.
2. What is the effect of prolonged exposure to sunlight on tubercle bacilli?

3. Give the most important method of destroying the sputum of tuberculous patients.
4. What is the special advantage of sterilization by steam under pressure?
5. What is certified milk?
6. Mention the best means of protection against contagion.
7. What is meant by immunity?
8. What is the effect of freezing on typhoid bacteria? Of boiling?
9. What are pathogenic bacteria?
10. What conditions are conducive to the development of bacteria?
11. About how many varieties of disease-producing bacteria are recognized?
12. What special nursing care should be given patients suffering from diseases in which the contagion is thrown off largely through scales or flakes from the skin?
13. What causes canned fruit to ferment?
14. What causes milk to sour?
15. Give a simple household test for sweet milk.

SURGERY

Examiner, S. F. Palmer

1. Why is a patient's head kept low after an anesthetic?
2. What is hypodermoclysis and why is it employed?
3. How should rubber gloves be cleaned and sterilized?
4. When on duty in a surgical ward, what general care should the nurse take of her hands? Why?
5. Give the symptoms and the nursing treatment of shock.
6. Give the symptoms of internal hemorrhage. In what way would the nursing treatment of internal hemorrhage differ from that of shock?
7. When a physician is to apply a plaster of Paris bandage to the foot and ankle, what appliances should the nurse have at the bedside for his use?
8. What special care should be given a case of fractured thigh?
9. Give the daily routine care of a female patient for four days after abdominal section, when there are no complications.
10. State a simple, quick method of sterilizing instruments, including the special care that should be given to those with cutting edges.
11. In a sudden emergency how would the nurse control arterial hemorrhage below the elbow?
12. If the nurse had received no orders from the physician, how would she prepare the field of operation for lumbar puncture?
13. Give the preparation of normal salt solution for hypodermoclysis.
14. How would you prepare a bed with sagging springs for a case of fractured thigh?

15. In what class of cases do bedsores most commonly occur? What precautions should be taken for their prevention?

One hundred and forty candidates took the examination; the failures were as follows: Practical examination, 3; anatomy and physiology, 2; medical nursing, 2; obstetrical nursing, 5; nursing of children, 32; bacteriology, 10; surgery, 3; materia medica, 18; diet cooking, 66.



THE BACTERIOLOGY OF PLASTERS.—*The Medical Record* says: A recent article in the *Lancet* refers to some results of examining plasters reported in one of the English pharmaceutical journals. Ordinary adhesive plaster from a package frequently opened contained an average of twenty-two colonies per square centimeter, and a specimen of soap plaster contained twenty. Adhesive plaster with a rubber basis gave better results, but only fresh packages were sterile. Medicated adhesive plasters, with a lead, resin, or soap basis, were found to be not sterile; chalybeate, belladonna, and cantharides plasters contained respectively thirteen, fifty-three and one hundred and sixty colonies in the same area, but medicated adhesive plasters with a rubber basis gave better results; plasters medicated with capsicum, belladonna, belladonna with aconite, and opium containing respectively five, thirty-one, two, and seventeen colonies to the square centimeter. These samples, with the exception of the belladonna plaster, were all newly opened, and newly opened packets of menthol and oxide of zinc plasters were found to be sterile. An examination of a number of "court plasters" disclosed a worse state of things. A sample of isinglass plaster stored in a tin that had been fully exposed contained three hundred and forty-one colonies to the same area. The various organisms found in these examinations comprised *Staphylococcus pyrogenes aureus*, *Streptococcus pyogenes albus*, *Bacillus murisepticus*, *Bacillus pyocyaneus*, and others. Such an array of infecting agents makes one pause. The observations made showed, however, that the addition of an antiseptic substance is an efficient method of sterilization. Types of such antiseptics are salicylate of methyl, thymol, alcohol, iodol, etc. The ideal plaster medium appears to be the rubber basis made from pure Para rubber. It mixes well with various medicinal agents, is free from irritation, and is strongly adhesive. It should always be sold on reels so as to expose the smallest possible surface to the air.

PRACTICAL SUGGESTIONS



PRACTICAL SUGGESTIONS IN TYPHOID NURSING

By M. LOUISE MARTIN, R. N.

Superintendent Martin's Ferry Hospital, Martin's Ferry, Ohio.

THIS is a disease which attacks many localities, and very few treat it in the same way. Therefore, we should be well informed as to the many necessary points in every case, from the nursing standpoint.

It is generally admitted that the result of each case depends largely upon the nursing and it is reasonably expected that a trained nurse should administer the treatment in the best possible manner. It should be done in an intelligent, conscientious way.

All diseases depend upon the nursing to a certain extent, but there are few diseases in which a nurse can show her skillful training, as in typhoid fever. As there are very few drugs used, the treatment must be properly administered, so as to obtain the desired results.

I may be able to mention a few useful suggestions. First, in regard to bathing the patient. This should be done daily, even though the patient is getting temperature baths frequently. It keeps the skin in a good condition and makes your patient feel more comfortable. Put him between two blankets (old ones answer well for this purpose), using tepid water, soap, and a nice soft cloth or sponge. Sponge the entire surface of the body thoroughly and keep him protected from the cold in the best possible manner. After the bath has been completed, change the bed linen and fix him up comfortably, if necessary apply hot water bottles. Do not let the patient become chilled. Change the bed linen as often as your supply will allow, the lower sheet every day. Freshen the bed in every possible way. There will be a disagreeable odor about the patient and room, unless the strictest cleanliness is observed.

Your patient's mouth requires your most diligent attention. It should and can be kept clean by frequent use of a mild antiseptic solution. It should have a thorough cleansing every morning. This is very conveniently done by using tooth-picks wrapped at the end with cotton, the teeth and gums being easily cleaned in this way without an irritating effect. If the tongue is coated, use very weak solution of peroxide of hydrogen, about 5i to ʒi of water, and if necessary, scrape the tongue gently with the handle of a spoon; have a spoon for this purpose alone.

After you have once made the mouth clean, it can be easily kept so, by using a mouth wash after each nourishment. This is very important and should never be neglected. If the tongue becomes hard and dry, apply a little glycerine and lemon juice, with a soft cloth or the tip of your finger.

The back is the greatest bug bear a nurse has to encounter, requiring constant care and then sometimes developing a bed-sore. With the proper care, most every case can be avoided. You have to begin at the start to rub the back twice a day with weakened solution of alcohol. If the skin becomes red and tender, use a little zinc powder with the alcohol. It tends to harden the skin. If it once breaks, you will find it hard to heal. Turn the patient from side to side, not allowing him to remain in one position very long. If necessary, use a rubber ring wrapped with a soft bandage. In case a bed sore should appear, report to the attending physician at once; never rely on your own treatment. The patient's temperature should be taken every two or three hours as ordered. The physician will usually have his own method of giving baths. In case it should be one you are not familiar with, ask him to tell you exactly how to give it. Treatment poorly given is worse than none at all.

In every temperature bath, your patient should be well protected. If an ordinary cold bath is ordered, put the patient between blankets (using a rubber to protect the bed), have the head low, with an ice cap applied, use cold water, beginning by sponging the forehead and face, chest, abdomen, etc. Sponge thoroughly the entire surface of body, giving about five minutes to each extremity and five to the back and chest. Leave him between the blankets perfectly quiet for one-half hour, then take the temperature, remove the blankets, put on a gown, and cover properly.

Of course, a patient is not allowed to get up for anything, without permission from the doctor. Use drinking tubes for medicine and nourishment. You will find some patients who cannot use a bed-pan. Report this at once, and if strong enough, they may be allowed to use a slop-jar. You will notice, in extremely weak cases, there will be very little trouble in the use of a bed-pan.

There may be trouble with the bowels, as constipation is not of unfrequent occurrence. Enemas are usually employed, as drugs have a more or less irritating effect on the bowels and they are usually in a very bad condition anyway, certainly if it is a severe case. In giving enemas, high or low, extreme care should be taken. First, see that the syringe is in a good condition, expel the air from the tube, have the solution properly mixed and the right temperature, use vaseline on the tube and insert it

gently, allow the water to flow slowly. When it has all been given, have the patient remain in the same position (left side), for a few minutes, or as long as he can retain it. Examine the stool thoroughly and report its character. See that everything used for the patient is thoroughly disinfected.

Examine the urine, as to amount, color, etc., and make a record on the chart of same, but do not save a specimen for examination unless ordered. The physician will judge from your report whether it is necessary or not.

The diet has to be attended to properly, as it is the source of a great deal of trouble and worry. Poorly prepared nourishment will cause serious trouble for your patient. It should be fresh, nicely prepared and given at the correct time, every two or three hours, as ordered.

Explain to your patient from the first why he can have but a certain quantity and never give over that. You will find some patients who haven't any desire for food. Exert every effort to get them to take it, begin with a very small quantity and gradually increase. They will then understand from the beginning that you know exactly what to do and how to do it and be sure not to leave your work in a condition to be criticised.

During convalescence, be as firm as you possibly know how to be. Do not allow any privileges that you have not been told to give. A relapse is always dreaded, as the system has been thoroughly taxed and the second attack so often proves fatal. Do all in your power to prevent a relapse.

RECEIPTS for an invalid with stomach trouble—having to have food cooked individually for her—by her nurse:

Eggs. Coddled by leaving in boiling water for three minutes.

Cocoa. One heaping teaspoon of cocoa, one ounce of milk, four ounces of water, three lumps of sugar. Boil water and cocoa, then add milk, without letting it boil.

Cereal. Put into upper pot of double boiler ten ounces of water, two ounces of cereal, one-half teaspoon of salt. Boil water and salt, add cereal to boiled water *slowly*. Let boil over fire, stirring for five minutes. Then put pot in the double boiler and boil, for hominy and rice four hours, cream of wheat and farina two hours.

Chicken. After having singed and washed it, put into enough boiling water to cover it, adding one teaspoon of salt, pepper, parsley, celery top, a bay leaf and one onion. Let simmer for three hours.

Cream Sauce. Melt a large teaspoon of butter and mix in a scant teaspoon of corn starch, stir until smooth. Add two ounces of milk and let boil three minutes, stirring all the while.

Mince of Chicken. Two ounces of chicken and one ounce of stock and heat with salt and pepper. The chicken was chopped very fine and measured in the tin measuring cup.

Baked Custard. Put four ounces of milk on to scald; add one beaten egg, three teaspoons of sugar, one-half teaspoon of vanilla. Fill two custard cups with the custard; bake about one-half hour in a pan of boiling water. Test by putting in the point of silver knife; if it comes out clean the custard is done.

Chestnuts. Boil two hours, shell, and press through a sieve. Into two ounces of chestnuts, put one and one-half teaspoons of cream, pinch of salt and pepper, and steam (as for peas) fifteen minutes.

Macaroni. Soak macaroni in water,—twelve ounces water and two ounces of macaroni that has been broken in small pieces; boil without covering for one hour, then in double boiler let simmer after having added one ounce of milk, one teaspoon of butter, a little pepper.

Baked Apples. Wash and core three or four apples. Put in an earthen dish or casserole, fill core with sugar, a little water in bottom of dish; cover and bake in oven one and one-half to two hours.

Samp. Soak over night in twelve ounces of water and one-half teaspoon of salt; in morning put on fire and let it come to a good boil in top of double boiler. Then put in double boiler and cook a day and a half slowly at back of range. After serving, add a goodly amount of unsalted butter.

Peas. One-half can of peas, press through a sieve, good pinch of salt and pepper. Steam for twenty minutes by putting into a custard baking cup or white enamel one, and placing that in a covered pan or pot of boiling water (being careful that no water gets in with the peas), add a generous teaspoon of butter, unsalted, and serve in the cup which can be set in a bowl of boiling water to keep the heat.

H. Mc. D.

FOR NERVOUS HEADACHE AND INSOMNIA.—A steady brushing of the patient's hair is often remedial. The brush should be moderately stiff (the Ideal hair brush, which is wire with a rubber cushion, is a good one) and should be wielded with regular and not too energetic strokes. The blood is thus brought to the scalp, relieving the congested brain vessels; mental tension is relaxed; and the patient, if a woman, has the soothing

assurance that her hair is being "tended to." A slow rotary motion of the scalp, done with the finger tips, may be added. The first treatment should not be long, or the scalp will be made sore. Five minutes of the above treatment, self-applied, will help the wakeful night nurse when she goes to bed.

M. B. E.

For convalescents, or bed patients near a window, great pleasure may be had by watching the birds through a pair of opera or field glasses. Not only in suburban, but in city streets, birds may be seen, particularly during their spring migrations; and the daily life-history of even the ubiquitous sparrow may be made diverting, by bringing him close with the glasses.

M. B. E.

If the interest should go far enough for books, Chapman's "Bird Life," Chapman and Reed's "Color Key to North American Birds," Mrs. Neltje Blanchan (Doubleday's) "Bird Neighbors," Prof. Apgar's "Birds of the United States East of the Rocky Mountains," and Mrs. Florence M. Bailey's "Handbook of Birds of the Western United States," all have good keys for identification, by use of which it is easy to learn to recognize the birds.

M. B. E.

If one expects to make tea or coffee on the train, take a number of small pieces of cheese cloth, tie a small quantity of tea or coffee in each and pack them all neatly in a box. When ready for use put one of the little bags in a cup or coffee pot, pour boiling water over it and when the desired strength has been obtained it can be removed with a teaspoon or by the end of the string if it has been left long enough. In this way you never soil your hands, need no strainer, and have no pots to wash. Another thing, without which I can hardly get along, is an air cushion. A feather pillow becomes very stuffy and an air pillow is always cool and pleasant. Lemons are very refreshing and can be used for various purposes. Every nurse should carry *her own drinking cup*. The west simply reeks with tuberculosis, therefore it is not wise to use the cups supplied on trains or at railway stations.

E. R. R.

HAVING read the Hints to Delegates who intend crossing the continent to San Francisco I noticed the omission of what I consider an important article for those crossing the desert, namely, *lemon juice*. I have crossed several times and always take the juice of six lemons sweetened; this keeps well, counteracts the alkali water for drinking and so prevents enteric trouble. Face washing is usually dispensed with and Florida Water used instead of water, on the desert—just to wipe off the dust.

A. S. M.

IN travelling I have found a black silk night-dress of great convenience. It takes up so little room and besides can be rinsed out in a basin of water and dried very quickly.

Underwaists of the same material are also convenient, especially as you suggest wearing dark blouses. The finish on the silk seems to keep the train dust from sticking to it and they are light and convenient to handle.

M. E. W.



OVERHEARD in a Fifth Avenue Automobile: "Oh, she is so good and devoted to the church. She nurses all the time in New York, winters, and at Bar Harbor, among *that class* of patients, and she is so generous to the missionaries and the poor."

"Does she get good pay?"

"Oh, yes! She wouldn't go unless she did. She gives us twenty-five dollars whenever we need help in our work."

They didn't know a nurse sat opposite much interested and pleased.

That nurse is commercial in her work. She does not consider it a vocation in itself, perhaps. But then, again, she may have even more influence with her patients because she *does* place a proper value on her services and herself. She has selected her field for patients and also her field for charity and they are separate ones.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

HEALTH. A Twentieth Century Treatise on Health Based on Anatomy and Physiology of the Human Body, Together with First Aid to the Sick or Injured, and Including Care of Children, Midwifery, Surgical Diseases, Nursing and Treatment. Chief Author, Prof. D. G. Revell, M.D.; Late of the Medical Department of the University of Chicago; Government Bacteriologist, N. W. T., Canada. Assisted by an able staff of Physicians. 2 Volumes. Fully Illustrated. The Medical Publishing Co., Chicago.

WHEN the average reader has finished the perusal of this long and diffuse title the chances are that he or she will feel that he has been over a good bit of ground and that it is time for rest and recreation. "Twentieth Century" the book may be, but surely it is a twentieth century survival of a good many centuries earlier. It is hard to comprehend just why such a book should be offered to the public, under the auspices of the medical profession. The author professes to believe that its study will not mislead the reader into attempting any self treatment. This belief may be founded on carefully tested experiment, but truly it would seem more expeditious to telephone fifty miles for a doctor than to search out one's own particular symptoms in the thirteen hundred and fifty odd pages.

The author advises as follows: "The Treatise of Health is meant for the non-medical reader originally and is as free as possible from technical or unnecessary detailed matter such as is of use only to the doctor. But the reader must study it, thoughtfully and critically, often with the dictionary in hand—he should become a student in using it, and be more intelligent, better educated, and a better thinker for having read it; just as anyone is who uses a valuable book rightly. He should be helped by it to rid himself of many errors and wrong ideas and of much ignorance."

We naturally agree to these sentiments, but a little later we read "Ignorance invites and fosters fraud, imposition and quackery." Is not the use of such a book as the Treatise of Health, for the diagnosis and

treatment of disease, quackery? Again, the author says: "A properly qualified doctor spends years in hard study and careful training under good teachers, and has the benefit of a large experience. We should not hesitate to avail ourselves of the benefit of his wisdom and help." But does not the recommendation of the "Treatise of Health" offer an alternative of even superior advantages? Why send for a doctor if one has under his hand the condensed knowledge and experience of the profession?

The author announces that our present age, this twentieth century, is to "stand pre-eminent and notable in that the non-professional people shall learn the nature of disease and how to avoid it." On page 386, Volume II, we find the following: "The microbe theory of disease has become a popular faith. Thousands of persons keep themselves and all about them in constant agitation in order to avoid the microbes which they imagine are the cause of consumption, pneumonia, influenza, and even common colds. Of course it is true that various diseases are conveyed by the minute organisms known as microbes or bacteria. Yet knowledge of this fact does not save people from disease." If bacteria are not to exist for the laity why mention them at all; and if the layman does not believe in the presence of bacteria why should he be asked to use one of the many formulæ for disinfecting purposes given in another part of the book?

A careful study of the book leaves the reviewer with the unwelcome impression that it is no different from others of its type offered to the gullible public from time to time—a great, windy, wordy, catch penny piece of work—and it is very hard to believe that it is offered in good faith by its author.

CHASING THE CURE IN COLORADO. By Thomas Crawford Galbreath.

THIS little book, merely a pamphlet, has reached its third edition and it well deserves to be sent speeding on its way; there are still vast numbers of people ignorant of the plain and common-sense hints embodied in it, who need to be told again and yet again that the most important agents for the "cure" are in our own hands if we will only rid ourselves of ancient and misleading notions about drafts and night-air and cold water, etc., etc. The book is primarily an account of the author's experience in looking for health in the West, where the conditions of climate invite so many to leave their homes in the East in the hope of regaining lost health. The author found conditions in the West by no means entirely *couleur de rose*, and it is almost impossible to credit his account of the inhumanity of the natives of this Western

country where they sell for money only, the accommodation which the sufferer from tuberculosis seeks. Boarding-houses seem to be as thick in Colorado as mosquitoes in Jersey, moreover the boarding-house keeper seems to regard the Eastern health-seeker as much his lawful prey as the mosquito does any hapless alien who wanders within his reach. The author sounds a note of warning against the wrong kind of physician. Doctors there are in plenty and he advises that every patient going West arm himself with a letter to a reputable physician, otherwise he may fall into the hands of a "fake doctor," as he found that this class existed in large numbers and did a flourishing business. Besides a good bit of advice to those who go West the book has considerable to say to those who stay East and endeavor to regain health by carrying out the directions for outdoor life, etc.; upon the whole one would conclude that the author rather advised "chasing the cure" in the familiar precincts of one's own home. Here he is sure of the sympathy and coöperation of every one about him, and the most dreadful feature of the Western cure is eliminated, the feeling that one is a social outcast and only tolerated for the money he can put up. The cover bears the following words from Robert Louis Stevenson:

"Now do take warning by me. I am set up by a beneficent providence at the corner of the road to warn you to flee from the hebetude that is to follow. . . . So remember to keep well; and remember, rather anything than not to keep well; and again I say, rather *anything* than not to keep well."

THE REGISTER OF FOODS. By P. W. Goldsbury, M.D. Whitcomb & Barrows. Price \$1.00 net.

THIS is not a book, but a chart, of food values, printed in five colors on heavy cardboard, size 13½ x 19 inches. The chart is divided by a scale giving the percentage of the principal chemical elements of the foods in ordinary use, with the full value of the same given per pound. By the aid of this chart it should be a comparatively easy matter for a student of dietetics to compute the quantity and kind of food necessary to any stated case. A glance is all that is needed to obtain a rough estimate of any given article's food value, as the colors are vivid and instantly reveal what is to be shown.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING APRIL 14, 1908

HAENTSCHE, AMALIE IDA, transferred from Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco, California, for duty.

KEE, MAUDE B., graduate of the City Hospital Training School, Cincinnati, Ohio, 1907, appointed and assigned to duty at the General Hospital, Presidio of San Francisco, California.

KEENER, LYDA M., under orders for transfer from the General Hospital, Presidio of San Francisco, to the Philippines Division for duty; to sail May 5th.

KING, ROSANNA M., under orders for transfer from the General Hospital, Presidio of San Francisco, to the Philippines Division for duty; to sail May 5th.

NAGLE, MARY E., transferred from the Division Hospital, Manila, P. I., to the United States; arrived in San Francisco March 17th, and assigned to duty at the General Hospital.

NILES, FLORENCE A., transferred from San Francisco to the General Hospital, Fort Bayard, for duty.

NUTTER, GRACE HELEN, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

OWEN, JENNY E., graduate of Conemaugh Valley Memorial Hospital, Pennsylvania, 1907, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

RONEY, MRS. KATHLEEN V., graduate of City and County Hospital, San Francisco, 1903, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

SHEEHAN, MARY E., transferred from the Division Hospital, Manila, P. I., to the United States for discharge; reported at San Francisco April 2nd.

WOODS, JULIA E., recently arrived in the Philippines Division and assigned to duty as Chief Nurse at the Division Hospital, Manila.

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EDITORIAL COMMENT



TWO SPECIFIC RESPONSIBILITIES OF THE HOUR

IN the May JOURNAL, we commented somewhat broadly on the subject of professional responsibility. Developments during the month make it imperative that certain specific responsibilities which are pressing upon us must be met promptly and courageously, if the nursing profession is to hold its place in the work of the Red Cross, and in the crusade against tuberculosis.

The tornado in Mississippi, resulting in an appeal from the National Red Cross for nurses to care for the sick and injured, has been the first real test of the efficiency of the Red Cross nursing service, as at the time of the San Francisco disaster, the society was not sufficiently reorganized in regard to its nursing service, for that experience to be considered.

The facts in the recent disaster, briefly stated are these:

The tornado occurred on April 26th. Immediately Governor Noel telegraphed to the president of the United States for assistance. The president referred the call to the War Department and the Red Cross. Major Dovell, U. S. A., was sent down to the devastated section on April 28th, representing both the War Department and the Red Cross. He reported two hundred sick and injured in need of immediate care. The Red Cross issued a call for nurses on April 30th; six nurses, including a competent head nurse, were sent from the District of Columbia, on May 2nd, on the same day six went from Philadelphia, representing the Pennsylvania branch, and on May 5th six more went from New York.

Judging from these facts, one is given the impression of prompt and efficient service, but knowing the inner side of the story, the nursing profession is given some cause for serious reflection.

In Washington, where forty-three nurses were enrolled, Miss Nevins,

a member of the Nurses' Committee in the District of Columbia, was called upon by Miss Boardman, on the morning of May 2nd, and by giving the entire day to it, succeeded in finding by telephone six of the enrolled nurses and starting them off that evening. This was done with much difficulty, as quite naturally the families in which the nurses were engaged, absolutely refused to give them up. Those who did go, secured substitutes to take their places. Miss Nevins feels that with a sufficiently large enrollment, it would be possible to secure all nurses necessary, even in a great disaster.

The promptness and efficiency of the manner in which the work was handled in Washington, brought a letter of congratulation from President Roosevelt to the Washington Division of the Red Cross.

In Pennsylvania, when the call was received at the state headquarters in Philadelphia, there were no nurses enrolled for Red Cross service. The officer in charge telephoned to the superintendent of the Medico Chirurgical Training School, who, in exactly nineteen minutes, enrolled six of her graduates and started them off the same evening for Mississippi.

In New York State, at the headquarters in New York City, there were forty regularly enrolled nurses. Three had previously reported themselves as being out of the city. Letters were immediately sent to the remaining thirty-seven, asking each nurse if she could respond if called to the Mississippi District. Nineteen replied giving satisfactory reasons why they could not serve, *eleven sent no answers of any kind*, seven replied that they would go if needed.

Of the seven who said they would go, four responded when, two days later, they were called upon, one from Rochester, two from Troy and one from New York City; one other New York City nurse, who had originally signified that she was engaged, reported at the office on the morning of May 5th, that she was free and arranged to go that afternoon. The one still needed, could not be obtained from among those so enrolled and with Miss Goodrich's assistance, a recent graduate as yet unregistered, of the Bellevue School, was pressed into the service. Of the three who failed to respond when called, one was from New York, two from Rochester, one of these sending no explanation to the Red Cross office, although she did notify the local treasurer to whom she was to apply for funds, that she was unable to serve.

Fortunately the number of nurses needed for this emergency was not large. Undoubtedly there were hundreds of nurses sitting idle, both in the states of Pennsylvania and New York, who would have responded without a moment's notice if they had known that they were

needed. Under the present method adopted by the Red Cross society, it is shown by this experience, that the enrollment must be very large, in order to be able to secure anything like an adequate number when an emergency occurs. It has shown also a lack of appreciation of the seriousness of the responsibility assumed when enrolling for service in the Red Cross. It is a question whether hospital officers and head nurses should enroll for this service except for home emergencies. It would seem to be a kind of service belonging to the private duty nurse, most especially and to those nurses who, at the moment, are not otherwise engaged. We doubt if any one of our nursing organizations could be called upon to supply a number of nurses for any emergency, where the results would not have been better than in the case of the New York Red Cross. Almost any superintendent of a representative training school could do what was done by the head of the school referred to in Philadelphia.

The question before us is how to bring all of our forces so into coöperation with the Red Cross that prompt and efficient service may always be at the command of that society without unnecessary delays.

We understand that the Red Cross is having quite as much difficulty in the enrollment of physicians for its service as it is for the enrollment of nurses. There seems to be an unwillingness on the part of both of these groups of workers without whose services the Red Cross is almost powerless, to pledge themselves for service so uncertain in its character, and yet when we think of it, uncertainty is the predominating element in the life both of the physician and the nurse.

All other considerations in connection with the Red Cross are secondary to this one of efficient enrollment. It should be taken up by every local organization and carried into our state and national conventions until the problem has been satisfactorily threshed out. Otherwise the Red Cross will be forced to train its own workers.

As we go to press we learn through the New York office that the nurses sent out have found plenty to do, in actual nursing, day and night duty. Miss Pettit, the head nurse, was asked by Captain Ashford to coöperate with Major Simpson and himself in the distribution of clothing and supplies. The nurses who went out first from Washington and Pennsylvania, were very tired when the New York delegation arrived and were glad of the additional assistance. No report has been received as to the time when they are likely to return. We shall be able to give a full account of the experiences of these nurses, with their names, next month.

THE TUBERCULOSIS CRUSADE

In the tuberculosis crusade which is now fully under way the most advanced authorities agree that the home is the place where the battle is to be fought out. The incipient patient will not leave his home. Sanatorium treatment while bringing the quickest results is not practical for the vast majority. Local day camps in conjunction with *home supervision* must be generally relied upon—success depending upon the visiting tuberculosis nurse. This opens up a great field and there would seem to be no reason why a really good nurse who is willing to work and is ready to take such cases as need her services should ever for a moment sit idle.

In the tuberculosis work, it devolves upon the nurse to make the practical application of the plans established by the medical men and the lay public. She deals directly and personally with the individual patient, teaching, instructing, encouraging and comforting, acting as a means of communication between these three groups of people. While we would not lose sight for a single moment of the importance of the fitting of nurses for what we commonly recognize as private duty, we cannot ignore the necessity of preparing her for broader fields, in which her responsibilities are farther reaching in scope than the most far seeing of the pioneers ever deemed could be possible. The stimulating of this sense of responsibility to the public, rests largely with the training schools during the formative period of the nurse's professional life. It calls for a high order of intelligence, both in the teacher and the pupil.

But we cannot wait for new nurses to be trained for this work. Like the Red Cross enrollment it is pressing, it is a responsibility of to-day, and the nurses of to-day must take up the burden and carry it with courage.

THE TUBERCULOSIS MEETING IN WASHINGTON

Miss Dock, the acting Secretary of the Nurses' Committee, sends us the following:

"The exact day of the special session for nurses at the Congress on Tuberculosis has not been made known. It will be fixed by Mr. Devine, the president of the section in which it will be included. We had hoped to announce it in this number, but can now only say that it will be in the week of September 28th to October 3rd.

"A large and representative number of nurses have been asked to serve on the Nurses' Committee, namely: Miss Florence Baldwin, of Portland, Oregon; Miss Mary Gardner, of Providence, R. I.; Miss Mary Hills, of

New Haven, Conn.; Miss Mary Kershaw, of Columbus, O.; Mrs. Quintard, Philadelphia; Mrs. Lupinski, Grand Rapids, Mich.; Miss Fulmer and Miss Tillinghast, Chicago; Miss Lucy Fisher and Miss Ashe, of San Francisco; Miss Boyd and Miss Smithwick, of Denver; Miss Matilda Johnson, Cleveland, O.; Miss Strong, of Washington, D. C.; Miss Cabaniss, Richmond, Va.; Miss La Motte and Miss Tent, Baltimore; Miss Coleman, Miss Stark, and Miss Upjohn, of Boston, with the original members, Miss McKechnie, Miss Nutting, Miss Hitchcock, Miss Damer, Miss Wald, Miss Goodrich, Mrs. Robb, and Miss Maxwell.

"Most of the committee are actively engaged in tuberculosis work, and many will write papers. Mrs. Robb, Miss Damer, Miss Fulmer, and Miss Wald are down for the general sessions. The nurses' session will give opportunity for every practical point and problem to be brought forward. Some material is also expected from foreign countries. Of special importance is the problem of occupation, both for the incipient and the cured or improved case. Anyone having knowledge of intelligent attempts to meet this need is asked to report on it.

"It is not expected that any *separate* exhibits showing the nurse's field will be arranged, but nursing will be shown in connection with the exhibits of dispensaries, states, etc. It is especially desirable that workers in the tuberculosis propaganda should take great pains to present their work in the most complete and striking manner possible, by working up every sort of exhibit that can be made, and nurses are urged to make an impressive showing."

Miss Isabel L. Strong, of Washington, makes the suggestion that in view of the fact that so large a number of nurses are expected, those intending to be present, should send their names and addresses as early as possible, to Mrs. Eustis, chairman of the Committee on Nurses, office of the Instructive Visiting Nurses Society, 2001 I Street, Washington, D. C., so that they may obtain information as to reasonable accommodations and be notified of projected plans for their entertainment.

THE ALMSHOUSE CRUSADE

WE also learn from Miss Dock that in the almshouse crusade Mrs. Crane has had the satisfaction of seeing another Michigan almshouse appoint a trained nurse. This happened in Lenarvee County and was the direct result of an appeal made by the County Federation of Women's Clubs. The authorities also made an appropriation for the nurse's salary, so that it was not necessary for the women to undertake this, though they were ready to do so.

Reports on almshouses now coming in indicate a general absence of nursing in almshouses, and, often, very sad and distressing conditions. Nurses who investigate are asked to write their impressions quite fully on the back of the census, and not to hesitate to describe bad conditions, as their names will not appear, nor will they be placed in any embarrassing situation. Reports may be sent in all summer, and next winter our State Societies will be asked to make an active campaign for reforms.

NEW WORK FOR BABIES

A NEW work was started at Bellevue Hospital, New York, May 1st. This work is the idea of Mr. Robert Bruère, General Agent of the New York Association for Improving the Condition of the Poor, and the nurse selected to carry out the idea is Miss H. Grace Franklin, R.N., graduate and post-graduate of the New York City Training School for Nurses.

Miss Franklin attends all of Dr. F. S. Mearas' clinics at the Bellevue Dispensary, becomes acquainted with the children and their mothers and whenever necessary follows these cases to their homes, instructing the mother in the care of herself and baby by trying to impress upon her the directions given by the physician at the dispensary and by practical demonstration gives the mother the proper knowledge of caring for her baby.

There is a special fund provided by which milk, nursing bottles, nipples, sugar of milk, etc., can be bought for the child if the family are unable to procure them.

Should she find in her visits that the family is in destitute circumstances, the case is at once taken up by the Registration Bureau.

She not only follows up these dispensary cases but visits every child discharged from Dr. Mearas' Ward.

The idea of the work is to prevent dispensary cases from becoming hospital charges and the discharged hospital cases returning again to the ward. The work is experimental and promises to be as valuable as so many of the experiments originated and put into practice by the Association for Improving the Condition of the Poor. The work is affiliated with the Department of Convalescent Relief of Bellevue Hospital.

SPECIAL NOTICE

THE SCHOLARSHIP IN HOSPITAL ECONOMICS

THE American Society of Superintendents of Training Schools offers a scholarship of the value of three hundred dollars, for the year 1908-1909, in the Course in Hospital Economics at Teachers' College.

Candidates for this scholarship must meet the requirements of the College in regard to general education and of the Hospital Economics Committee as to their professional training and special attainments.

Final details concerning this are now being arranged, and those desiring information should refer to Miss A. Goodrich, Chairman of Hospital Economics Committee, before August 1st.

There is no question before the nursing profession to-day of such burning importance as the maintenance and development of the course in hospital economics. Our progress must be through education and in education our teachers must be in the future as they have been in the past, our most important leaders. The Society of Superintendents, in establishing this scholarship of three hundred dollars, emphasize again the importance of the teaching body and by its liberality sets an example which other organizations should emulate according to their means.

THE SAN FRANCISCO MEETING

WE have been planning for a number of months past to publish the secretary's report of the proceedings of the San Francisco Convention in this issue of the JOURNAL, knowing that so many of the stay-at-homes would be waiting anxiously to know the result of the meeting. We learn at the eleventh hour that it has been decided to postpone all official announcements until the July issue. We know however that the journey out was in every way most delightful, the hospitality shown to those traveling together in Chicago, Colorado Springs and Denver was charming, and "a glorious time" has been the word sent back from San Francisco.

Miss Damer's reelection as president, with Miss Sly as secretary and Miss Davids as treasurer, was practically a foregone conclusion. It is intended to give the lists of officers, committees, the names of the affiliated associations, etc., with a condensed report of the proceedings in the July issue. Dr. Criswell's address of welcome is the first of the papers and others will appear in subsequent numbers.

The next meeting is to be held in Minnesota.

THE CINCINNATI MEETING

THE meeting of Superintendents of Training Schools in Cincinnati, the secretary's report of which is found on another page, was a most inspiring occasion. Mrs. Robb's election as president with the next

meeting to be held in New York City, means a year of progress. There is much work commenced to be rounded out. There are many problems pressing that must be solved. Mrs. Robb who organized the society in Chicago, 1903, has had a long interval of rest from public life. She will bring broader experiences to bear upon nursing questions, and the inspiration of her leadership cannot fail to arouse the entire teaching body to greater effort.

There has been but one opinion in regard to hospitality of Cincinnati. Those who enjoyed it must long remember the occasion with pleasure, while those who missed it will long regret being obliged to stay at home.

WHERE COMPLAINTS ARE TO BE MADE

MISS M. E. DAVIS is again installed in the Philadelphia office as business manager of the JOURNAL and requests that all complaints in regard to subscriptions or failures to receive JOURNALS, changes of address, etc., shall be addressed personally to her. Miss Davis gives her personal supervision to such details that are so annoying to our readers when they occur.

To give some idea of the problem of changes of address that our office had to contend with, recently circulars were sent to the personal addresses of all the members of the Associated Alumnæ. In just one month twelve hundred letters have been returned because of changes of address.

All subscribers to the JOURNAL who would like to add still another mark of their appreciation and yet have hesitation in bringing the matter of subscribing, personally, to the attention of their friends, may as effectually aid in the desired result, by sending to this office the names and addresses of one or more non-subscribing friends.

We will do the rest!



ADDRESS OF WELCOME TO THE ASSOCIATED ALUMNÆ, MAY FIFTH, 1908

By HELEN PARKER CRISWELL, D.D.S.
President of California State Nurses' Association

IN a city famous for its greeting, it has become my privilege to extend a welcome to this important organization. The eleventh annual convention of the Associated Alumnae is unique in more than one way; it is the first national convention of nurses ever held on the Pacific coast and it will go down in history as being the first national convention of any sort to be held in the New San Francisco.

To invite this association to meet in our city seemed a mighty undertaking beset with many obstacles for the trail to California has always been a long one, from the days of the slow moving ox-teams that brought our pioneer fathers and mothers and later the pony express, which less than forty years ago was considered a marvel of rapid communication, with its continuous line of galloping horses from Sacramento to the Missouri River, carrying a letter that distance in ten and one half days. But May, 1869, saw the completion of the great trans-continental rail-road uniting California with the east.

Modern improvements have been such that three years ago we invited the Nurses' Associated Alumnae of the United States to hold its convention of 1908 in San Francisco. After some deliberation, on account of our geographical position, our invitation was accepted.

Those who hesitated in voting to hold the meeting at so remote a point felt that all cause for anxiety on that score was removed when April, 1906, saw San Francisco destroyed. But while the fire was still smouldering, and the Associated Alumnae was in session in Detroit in May, 1906, we renewed our invitation, we pushed the Rocky Mountains down, we swung the Golden Gate wide open, and our dream is now realized! You are with us to-day to receive the cordial welcome of our one thousand members of the California State Nurses' Association.

Meetings held in the more populous parts of the country would have a larger attendance, but a small light may guide the multitude. The profession of nursing has enjoyed the unusual position of being a profession for women, which from its earliest history has met with public approval. Quite different from the professions where women have been regarded more or less as interlopers. Years of splendid endeavor on the part of women, who have chosen a life work in a field

formerly occupied exclusively by men, has resulted in a more normal attitude of the public, and a more fraternal spirit exists between professional men and women. That women, in the nursing profession, have not met with this obstacle renders it incumbent upon them to accomplish more expeditiously the work, which by virtue of attainment, must fall upon all women who have had the advantage of special training.

Among the problems that should be solved by this association are: How can the trained nurse best serve the public? How shall she care for the poor? How can she enlist the sympathy and aid of the owners of great wealth in the work that must be done for the common cause of humanity? How shall this, the largest body of professional women in existence, make for the status of the twentieth century woman?

The far West has ever had a reputation for independent thought, and it would be fitting that the issues which make for independent thought and action should be given birth at this eleventh annual convention.

If our Committee of Arrangements had been permitted to carry out one half of its projected plans to entertain you, there would have been *no time* for business meetings, *no time* for serious thought, *no time* for anything but the demonstration of our delight in having you with us. We wish you to cherish the sincerity and the gladness of our welcome through the years that must obtain until it may be ours to welcome you again.



APPLICATION FOR THE PREVENTION OF BEDSORES.—*The New York Medical Journal* says: The following, applied as a varnish twice daily to the parts menaced, will act as a preventive of bedsores:

Guttapercha	3i
Chloroform	3i
Balsam of Peru	gtt. xv

M.

BACTERIA ON TRAILING SKIRTS.—In a recent lecture, Professor Bottomley, of London, said that a piece of cloth cut from a trailing skirt worn by a woman walking about the West End streets was found to harbor sixteen million five hundred thousand bacteria, including many tubercle bacilli.

THE PROPER LENGTH OF THE PERIOD OF TRAINING FOR NURSES *

By HENRY M. HURD, M.D.

Superintendent of the Johns Hopkins Hospital

TRAINING schools for nurses, although in a certain sense numbered among technical schools so-called, belong to the higher class of technical schools in which theory and practice need to be combined. A training school cannot be like a trade school because the nursing of the sick is the nursing of individuals and not the wholesale nursing of persons. Although general rules are laid down for certain classes of diseases they must be applied by individual nurses to individual patients. Hence comes the necessity of imparting knowledge of principles upon which the practice of nursing can be grounded. Theoretical knowledge must therefore be combined with practical teaching. It is true that at first all practical teaching needs to be of a routine character because the pupil nurse knows no method of nursing whatever and must be taught to do everything in a prescribed manner. This must continue as in a trade until the eye and the hand have become trained and what was at first routine becomes second nature. This, however, does not imply, nor is it desirable, that the nurse should remain a machine and must ever after do the work mechanically in implicit obedience to the methods which she first learned. On the other hand it is preferable after she has become fully conversant with all the procedures and habits of her craft, that she should not remain a mere rule-of-thumb worker contented with following blindly what she learned during her pupilage. She should rather be so well grounded in the principles which underlie her art and so conversant with the reason for everything which she is called upon to do as to be able to improve her methods of nursing and to devise new methods for herself. To-day in consequence of the improved methods of teaching and the great extension of the field of nursing and above all because of the increased demands made upon the trained nurse we find a genuine demand for a longer period of training and the necessity of even post-graduate work, if the nurse would fit herself for the satisfactory discharge of the duties of superintendent of nurses or principal of a training school. Out of this demand has grown

* Read at the Annual Meeting of the Canadian Hospital Association, April 20, 1908.

the extension of the course from one year as at first planned to two years and now very generally to three years.

For the time being leaving out of consideration the question as to the exact length of any course let us inquire what should be the requisites of a proper course of training of nurses.

I would set down as the first requisite a properly graded course. Those who received their medical training forty years ago will remember that at that period medical study was largely carried on by courses of lectures which were repeated each year and which were given impartially to first, second and third year students, without any change to suit the necessities of these three classes. These lectures were generally too technical for the first year student and not technical or advanced enough for the second or third year student. Probably the beginning of a better state of medical instruction, in the United States at least, came with a grading of the instruction which was given so as to furnish proper instruction at the right point in the course for every student. The same has been true of courses of instruction for nurses. The schools did not improve until the courses were graded. Hence the first requisite is a graded course, not a course for one year dragged out over two years or a course of two years stretched out to fit three years. To attempt this is to destroy the vigor and freshness of the pupil's grasp of the subject and to encourage mental stagnation and ineffectual because inconclusive mental effort. The course should not have any vain repetitions but every part of it should be fresh and subjects should be treated consecutively, one fitting upon another and following it.

A second equally desirable requisite must be an arrangement of the hours of duty in the wards so that the nurse may not be exhausted by physical labor to such a degree as to unfit her for study. She should have time to study and physical vigor enough remaining to pursue her studies effectually. The theoretical part of her work should be regarded as of equal value with the practical part. No one can make progress as a nurse if she is kept at hard physical labor for ten, twelve or fourteen hours each day. The bodily strength fails under the strain and mental effort becomes well-nigh impossible. The first attempt to compress the period of instruction into a year proved impossible and in the interests of the nurse the course of study was extended to two years with a shortening of the hours of service and a lengthening of the hours of study. Likewise also when it was found that the two years' course did not give sufficient time for study and any attempt to pursue it involved too heavy a tax upon the physical and mental energies of the nurse the course in many schools was lengthened to three years.

The third requisite of any course therefore in my opinion should be the restriction of the amount of time spent in practical work to eight hours with two hours at least of free time each day for study and preparation for classes and lectures.

A fourth requisite ought to be a preliminary training in the branches of nursing which have to do with the comfort of patients before any responsible ward duties are laid upon the nurse. This can well be done in the probationer stage of the nurse's training so that when she is admitted to the ward for actual service among the sick, she may be able to serve them wisely. She should, for example, know how to cook and to serve a meal, how to apply a bandage, how to take a temperature and to draw a chart, how to make a bed, how to give a sponge bath or a bed bath, how to give an enema or a douche, etc. If she does not first know how to do these things which are essential to the care of a patient, she must learn them at the expense of the patient's comfort after she has been assigned to duty in the ward. We have all witnessed the distress of pupil nurses when abruptly ushered into wards while still in what I have heard termed a "trance state" to discharge important duties in connection with the sick while absolutely ignorant of what they were to do or having never seen the instruments with which they were to work.

The course of training also, while a happy union of practical work and theoretical knowledge, should be long enough to develop character and enable the authorities to determine the fitness of pupils to enter upon a career which presents unusual opportunities for good or evil to the sick and suffering. The development of character therefore must be considered after all the end to be attained in all proper training of nurses. Where the aptitudes, tendencies, weaknesses and capabilities of pupil nurses have been carefully studied as they must be in a good training school the danger of graduating degenerates like Jane Toppan and others is eliminated. This danger cannot be eliminated in any other way. Character then is an essential part of training and time is required for its true development.

Much also depends in this discussion upon what is meant by the term trained nurse. Is it a person who has acquired a practical knowledge of the care of the sick and "just enough theoretical knowledge" of her work to get along with it under the constant direction and supervision of the physician with little initiative on her part, with little ability to do independent thinking and without a thought beyond routine work in an elementary fashion; in other words, a neat, kind, affectionate, well-intentioned person, but without any outlook in life beyond her daily

task? Or, on the other hand, do we understand by the term an educated attendant upon the sick whose character has been formed by a thorough discipline of mind and heart, who is grounded in the principles of her art and is possessed of an elementary knowledge of those branches of medicine upon which it is based, one who has familiarized herself with the practical side of nursing until it is second nature but who has not been satisfied to thus limit her training? A skilled physician not only knows the principles involved in the successful care of the sick but he must be able to do in practice what needs to be done. He must not only know how to make a blood count, a urinary analysis, a microscopical examination, a blood culture, a lumbar puncture and the like, but he must also be able to do these and many other things practically. If he did them only as a matter of routine because he had been taught to do them when a student, by his instructor, he would generally fail to get much benefit from them because of inability to apprehend their importance and true significance. His knowledge must be broad and deep to be effective. So also of the nurse. It is true that she must be able to give a typhoid bath, to know how to sterilize instruments, to arrange the field of an antiseptic operation, to dress a wound, to give a hypodermic injection, to prepare a solution, to dress an infant, to take a body temperature, to measure the urine, to count the respirations, to take the pulse rate, to record all the phenomena of disease—these and a thousand other things she must do. She cannot, however, do them well or continue to do them increasingly better unless she has a familiarity with the principles upon which their successful and correct doing depends. She must know why sterilization and disinfection are needed, what the proper dose of any remedy is, what the symptoms are which indicate a change in the course of the disease, what to report to the physician, and above all, to know when danger is imminent so that he may be summoned. These require not intuition, a kind heart and a practised hand alone but knowledge and such knowledge as can come only from prolonged training in both principles and practice. All trained nurses should be familiar with every form of nursing, or rather with the nursing of every form of disease.

It may not be inappropriate for me to outline the graded course of study in a training school with which I am most familiar. During the preparatory course which covers six months theoretical instruction is given in the chemistry of foods, in anatomy and physiology, materia medica and hygiene with systematic demonstrations in the elementary essentials of nursing and bandaging. Added to this there are practical daily exercises divided among four groups of probationer nurses in cook-

ing and serving food and the care of kitchens, and pantries and store-rooms, in the care of rooms and bed-making, and in the pharmacy, in the preparation of dressings, the making up of solutions, the disinfection of dressings and applications, and finally practical service in the out-patient department where they come in contact with all sorts and conditions of patients. She is also gradually introduced during this period to do simple things in the wards under the direction of experienced nurses so that when she undertakes responsible work she is no longer a novice.

During the last half of the first year instruction is given in hygiene, general medicine, infectious diseases and orthopedics, by lectures, recitations, quizzes and regular practical work eight hours daily in the wards of the hospital. During the second year there are systematic lectures and recitations in medicine, surgery, and gynecology, the examination of urine, massage, etc., with regular practical work in the wards. In the third year there are lectures, recitations and demonstrations in obstetrics, pediatrics, nervous diseases, insanity, diseases of the special senses, and practical nursing of all these classes of patients, also of private patients—also lectures and classes upon public and private charities, settlement work, and work in institutions and families. By this arrangement there are given five months each of medical, surgical and gynecological service in the free wards of the hospital, five months of duty in private wards divided among the three services, two months of special duty with individual patients, two months of duty in the obstetrical ward, three months in the operating rooms and one month in the out-patient department, a total of twenty-eight months which together with two months of vacation make up the thirty months of time which remain after the completion of the preliminary course of six months. In my opinion this time is all well spent and no pupil nurse has reason to complain of having received too much theoretical or practical training. A detailed schedule of this work I will have printed as an appendix to this paper.

The conclusions which I have reached after much thought may be briefly summarized as follows:

1. A course of three years is advisable only where shorter hours of service have been established and where the hospital is large enough to give a good training in all branches of nursing. In such a hospital the course of training should be a graded one and each year of it should be carefully suited to the knowledge and increasing capacity of the student. Such a course is not advisable in a special hospital where the training is confined to surgery or gynecology or obstetrics or the care of infants and small children.

2. In the matter of training the smaller and the larger hospitals should combine and coöperate to supply the deficiencies of each other. Many of the smaller hospitals should content themselves with giving a preliminary course preparatory to admission to a larger hospital. To take young women for two or three years' training in a single specialty is unjust to the pupil nurse and unjust to the public. Such nurses after the first year should be passed on to larger hospitals with more patients and larger opportunities for training. Many pupils come to the larger hospitals very imperfectly trained and they would have been much more useful to the hospital and much better fitted to profit by training if they had received a preliminary training in a small hospital. In any educational system the grammar school should precede the high school and the high school should precede the college. The grammar school may call itself a high school and the high school a college but neither has any reason to complain if the true character of each school is plainly pointed out. Names do not signify after all. The grammar school can only give a grammar school education and the high school likewise. These special schools which pretend to do what they cannot do are guilty of fraud towards the nurses whom they pretend to train and equally a fraud upon the public when they launch these imperfectly and inadequately trained nurses upon the world as trained nurses. It is the duty of all parties to meet the situation honestly and to coöperate to remedy all abuses. The schools established for commercial reasons like the medical schools once established for private gain should cease to exist or content themselves with giving preliminary courses of training. We have all heard and shall continue to hear until the end of time of the need of providing second- and third-rate people to do what may be termed second and third class work. An excellent woman who was remonstrated with by a relative for encouraging her son who had little or no ability to prepare himself for the gospel ministry said in defense: "I know he is a second-rate man and always will be, but I believe there are second-rate souls to be saved." The incompetent son did become a clergyman but I have never heard that any souls of the second or even third class were saved by him. The same is true of the medical profession. The plea for better educated physicians is always met by the statement that villages and secluded hamlets exist where well-educated men will not go and that consequently ignorant and incompetent men must be turned out from the medical schools to minister to the wants of these men. An experience with pioneer conditions when a boy has taught me on the contrary that good men and well-trained men do go to these neglected communities and that poorly educated men are much

more inclined to go to thickly populated sections of the country where they often displace much better men and constitute a standing menace to the public health and private welfare of every large community. We cannot afford to suit our educational requirements to the capacity of those who have no right to enter the medical profession but rather should establish a standard which will exclude them. It is better to be without physicians than to depend upon drunken, ignorant men who have no conception of the duties, responsibilities and moral requirements which belong to the medical profession. The same is true of the training of nurses. Attendants upon the sick exist in every community and every family. Their mission is God-given. Noble, self-sacrificing untrained women have always existed and always will exist to bless their relatives, friends and neighbors by their presence and care in sickness. They are not trained women, however, and no good can come from allowing them to assume the title or to attempt to discharge the general duties of a trained nurse. They are wives and mothers with other cares and their work as nurses may be regarded as fortuitous and almost accidental. If prompted by affection and duty they assume the care of a sick member of the family, they do not in any sense become rivals to members of the nursing profession and their existence can be no argument for lowering the standard of training of those whose business it is to care for the sick. The self-educated clergyman, the natural-born doctor, the back-woods lawyer and the imperfectly trained teacher if fit to do their work feel the need of a better education and make no attempt to lower the educational standards of other ministers, physicians, lawyers and teachers, but, on the other hand, are stimulated by a higher standard to supplement their own deficiencies by summer schools or home study.

3. Courses of training for nurses should be standardized and no one should bear the title of Registered Nurses who has not been fully trained in the various branches of nursing. The small hospital or the special hospital should pass on their nurses to larger hospitals and these should make arrangements to supplement and complete their training. Special private sanatoria or hospitals owned by physicians and maintained for their own patients should cease to operate training schools but should supply themselves with nurses who have already received training. Nurses should not spend two years or even one year in a limited specialty.

In the hospital with which I am connected we have for several years given supplementary instruction to the training schools connected with two or three other hospitals where the service is of such a character as to render it impossible to give the requisite training. One of them sends

pupil nurses for training in medicine and obstetrics, a second for training in obstetrics, and a third for a general training in the work of our third year. It has been a duty and a pleasure to assist these young women thus to complete and round out their training.

APPENDIX

GENERAL PLAN OF A THREE YEARS' COURSE OF PRACTICAL INSTRUCTION

FIRST YEAR

First Six Months (probation period) :

- (a) Four to four and a half months in preparatory school.
- (b) One to two months in wards, before being accepted. This is to test the student's fitness for the work of nursing.

In the wards the student begins with the simpler work, such as:

The care of beds, mattresses, pillows, blankets, and linen;

Making beds of all kinds;

Dusting and care of ward furniture, etc.;

Care of linen rooms. Folding and stacking of linen;

Care of bathrooms, lavatories, etc.;

Care of patients' clothes, closets, the clothing, etc.;

Care of rubbers, dressing basins, and instruments;

Care of convalescent patients, assisting in getting them up, etc.;

Assisting in serving meals and nourishments.

Second Six Months:

All practical instruction during this time is given in the free wards of the hospital, and pupil nurses are not placed on duty in the private wards until they have completed their first year in the school.

Day Service:

The practical nursing work in the ward is classified and arranged according to the service, and whether male or female patients; a certain number of pupils from each class in training are placed on duty and a definite work is assigned each one according to the amount of experience she has had, or her standing in the school.

To avoid the frequent changes that an eight-hour day arranged with three relays of nurses would cause, the hours are arranged as follows: (Day nurses go on duty at seven A.M.; night nurses go on duty at nine P.M.)

The following schedule of hours is given as an example of the arrangement in two wards for men and women respectively:

SCHEDULE OF HOURS:

Women's Surgical—Forty Patients

One Head Nurse in charge.

PUPILS	ON DUTY	OFF DUTY	ON DUTY
One Senior	7 A.M.—10 A.M.	10 A.M.—2 P.M.	2 P.M.—7 P.M.
One Senior	7 A.M.— 1 P.M.	1 P.M.—7 P.M.	7 P.M.—9 P.M.
One Intermediate	7 A.M.—11 A.M.	11 A.M.—1 P.M.	1 P.M.—5 P.M.
One Intermediate	7 A.M.— 1 P.M.	1 P.M.—5 P.M.	5 P.M.—7 P.M.
One Junior	7 A.M.—11 A.M.	11 A.M.—1 P.M.	1 P.M.—5 P.M.
One Junior	7 A.M.—10 A.M.	10 A.M.—2 P.M.	2 P.M.—7 P.M.
One Junior	7 A.M.— 1 P.M.	1 P.M.—7 P.M.	7 P.M.—9 P.M.

SCHEDULE OF HOURS:

Men's Surgical—Thirty Patients

One Head Nurse in charge.

PUPILS	ON DUTY	OFF DUTY	ON DUTY
One Senior	7 A.M.—10 A.M.	10 A.M.—2 P.M.	2 P.M.—7 P.M.
One Intermediate	7 A.M.— 1 P.M.	1 A.M.—7 P.M.	7 P.M.—9 P.M.
One Intermediate	7 A.M.— 1 P.M.	1 P.M.—5 P.M.	5 P.M.—7 P.M.
One Junior	7 A.M.—11 A.M.	11 A.M.—1 P.M.	1 P.M.—5 P.M.
One Junior	7 A.M.—12 A.M.	12 A.M.—4 P.M.	4 P.M.—7 P.M.

The above arrangement of hours provides at all times one of the younger nurses on duty with the older and more responsible nurses, so that they are in training for that special work later on. Also, this method allows more uniformity in the work, as, for instance, a nurse in the private wards will be assigned the diets for one month, and have these hours:

From seven to nine A.M., she prepares and serves breakfasts; off duty until one P.M., when she returns and remains on duty until seven P.M., serving dinners and suppers, and attending to the afternoon ward work for the entire month.

This arrangement has proved satisfactory in every way because,

1. One person is responsible for the handling and care of all food materials.

2. As she knows the patients' likes and dislikes much food is saved in the serving.

The same method holds good in all the various phases of nursing routine. Certain pieces of work are given to a nurse for a definite period of time, such as,

The temperatures, charting and medicines;
The care of bed patients;
The ward treatments;
The responsible work of the ward from seven P.M. until nine P.M., before the night nurse goes on duty.

This arrangement of hours also provides responsible nurses on duty during the afternoon class hours for the pupils.

DISTRIBUTION OF TRAINING FOR THE THREE YEARS

FREE WARDS:

Medical work	5 months
Surgical work	5 months
Gynecological work	5 months

PRIVATE WARDS:

Ward work	5 months
Special duty	2 months
Obstetrical ward	2 months
Operating rooms	3 months
Dispensary	1 month
Vacation	8 weeks

Total	30 months
Preparatory School	6 months

Total	36 months (3 years)
In charge of wards.....	4 to 5 months
(This opportunity is given only to those who show executive ability.)	

NIGHT NURSES' HOURS ON DUTY—NINE P.M. UNTIL SEVEN A.M.

Average night duty throughout the three years is five months.
Time: Two months at completion of first year;
 Two months at completion of second year;
 One month in senior year in the obstetrical ward.

INSTRUCTION GIVEN THE STUDENTS DURING SECOND AND THIRD YEARS

First Half of Intermediate Year:

The pupils receive instruction in practical work in the men's and women's, medical, surgical and gynecological private and free wards, and in the isolating ward.

Second Half of Intermediate and Senior Year:

The instruction during this time includes obstetrics, children, nursing of nervous patients, operating-room technique, dispensary, and special duty in our own hospital wards.

It has been found that by carrying the emergency work in the maternity ward and operating rooms, where the services of the nurse are required for a longer time on duty than the regular eight-hour day provides, over the last half of the course of practical instruction, the pupils stand the work much better than when this special training was given during the last five months of the third year. This method also provides nurses on duty in these departments from two classes which allow a proper number on duty when the other students are attending classes.

Class work and lectures cover the period from October 1st to May 1st of each year, and they are all given in the afternoon between four and six o'clock.

SCHEDULE FOR THE YEAR

PREPARATORY CLASS: The class is divided into groups. These groups are interchanged at the end of certain periods, and are detailed to the various departments daily for instruction.

Autumn Term—From August to February.

Spring Term—From February to August.

GROUP I. Food supplies, cookery and service; kitchens, pantries, storerooms, etc.;

GROUP II. Care of the household; bed-rooms, linen-rooms, bath-rooms, pharmacy (nine to one daily), etc.;

GROUP III. Surgical supply room; preparation of dressings, appliances, solutions, disinfectants, etc.;

GROUP IV. Out-patient department; clinics, preparation of rooms, patients; apparatus; dressings, etc.

FROM SEPTEMBER TO DECEMBER AND FROM MARCH TO JUNE.

Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
2.30-4 P. M. Chemistry of Foods.	2.30-4 P. M. Anatomy and Physiology.	2 P. M. Anatomy and Physiology. Lecture.	2.30-4 P. M. Chemistry of Foods.	2.30-4 P. M. Anatomy and Physiology.	2.30-5 P. M. Anatomy and Physiology. Laboratory.
	11 A. M. Elements of Nursing. Demonstration.		11 A. M. Elements of Nursing. Demonstration.		11 A. M. Elements of Nursing. Demonstration.

FROM DECEMBER TO MARCH AND FROM JUNE TO SEPTEMBER.

Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
4 P. M. Materia Medica. Recitation. Demonstration.	2.30-4.30 P. M. BANDAGING. Class in two di- visions. 1st division, 2.30-3.30 P. M. 2nd division, 3.30-4.30 P. M. Demonstration.		4 P. M. Hygiene. Recitation. Demonstration.	2.30-4.30 P. M. BANDAGING. Class in two di- visions. 1st division, 2.30-3.30 P. M. 2nd division, 3.30-4.30 P. M. Demonstration.	

INTERMEDIATE CLASS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.
From October until May 1 each year.		5-6 P. M. LECTURES. General Medi- cine. General Surgery. Gynecology.	3-5 P. M. Recitations and Demonstrations Analysis of Urine Surgical Nursing Gynecological Nursing. Massage.		3-5 P. M. Recitations and Demonstrations Analysis of Urine Surgical Nursing Gynecological Nursing. Massage.

SENIOR CLASS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.
From October until March 1 each year.	5-6 P. M. Recitations and Demonstrations Obstetrical Nur- sing. Nursing of In- fants and Chil- dren. Nursing of the Nervous and Insane. Nursing of some Special Dis- eases.			5-6 P. M. LECTURES. Obstetrics. Pediatrics. General Medi- cine. The Nervous Sys- tem. Insanity. Diseases of the Special Senses.	5-6 P. M. LECTURES AND CLASSES. Public and Pri- vate Charities. Settlements. Professional Work in Insti- tutions and Families.

This course is given twice yearly and classes are admitted in February and August of each year.

Class work is supplemented by visits to markets, manufactories, etc., announcements of which will be made during the season.

From January 1 until May 1, at specified dates, the spring and autumn classes unite for lectures on the following subjects:

Hygiene,
Bacteriology,
General medicine,
Infectious diseases,
Orthopedics.



SUGAR IN THE SOLDIER'S RATION.—In the April number of the *Archives de médecine et de pharmacie militaires*, Major P. Joly presents the results of a series of experiments on sugar in the field ration of the foot soldier, in the 94th French Infantry Regiment during the autumn manœuvres of 1906, from which he concludes that: 1. Two companies, respectively, of one hundred and forty-two and one hundred and forty-nine men, without any previous selection, were able to absorb, during twenty or seventeen days, a daily dose of sugar varying from sixty to one hundred and sixty-five grammes without any digestive trouble or other signs of intolerance resulting therefrom. 2. A hundred grammes of fresh meat may be replaced in the daily ration by a hundred grammes of sugar without the men perceiving the diminution in the amount of meat. They accepted readily, and most of them with great pleasure, the addition of sugar in the form of sweetened drink—coffee, wines, or water. 3. The substitution of one hundred and twenty grammes of sugar for the hundred grammes of fresh meat resulted in improvement in the physiological condition of men subject to muscular exertion, decreasing the number of heart beats, the respiratory rhythm, and the weight of the body consecutively; augmenting the physical resistance and decreasing the sick rate. 4. The over-alimentation with sugar acted especially upon the prophylaxis of accidents attributable to heat and fatigue on the march and in manœuvres. 5. It was possible, without in any respect diminishing the vigor of the subjects, to replace for three days the entire food ration by three hundred grammes of sugar on five volunteers, who made the last stages of the manœuvres without any fatigue.—Through the *Military Surgeon*.

WHAT SHALL THE STATE SOCIETIES DO AFTER REGISTRATION IS SECURED?*

By ISABEL McISAAC
Late Superintendent Illinois Training School

THE primary object of nearly if not quite all of the state societies of graduate nurses was for the purpose of securing state registration, and so long as the stimulus of a definite object was present interest and activity did not flag; but already evidences are not lacking to indicate that some of our state societies are like many middle-aged women whose daughters are all married and comfortably settled for life, who sit down in the easiest chair to be found and speedily become rotund, indolent and hopelessly uninteresting.

An organization differs little from an individual in many ways and must have some definite object to strive after or it soon drifts into a merely passive perfunctory machine of no particular use to any one concerned. In the report of one of the Maryland meetings Miss Packard, the president, made the statement that the state societies should be post-graduate schools and certainly the right idea has never been better expressed.

The question then resolves itself into how can this post-graduate work be done in a way to give the greatest benefit to the nurses of this or any state?

The writer has more than once been impressed with the need of a closer working relation between the state board of examiners and the state society. The state board of examiners are in a position to learn the weak points in the training given in every hospital in the state, and from outside states as well, and it would seem that if the chairman of the board of examiners, would make a statement at the annual meetings of what lines of study were needed to bring up the average of the state, that such a statement would prove an excellent guide for the program committee, and also be valuable to many of the superintendents of training schools in this work of training pupils.

In choosing subjects and writers for such topics, which serve as a sort of review, care must be taken to have them presented in an interesting as well as instructive manner; no graduate nurse wishes to be addressed as if she were a probationer. One of the great defects in

* Read at the Indiana State Nurses' Association, March, 1908.

papers of this kind is the lack of proper references. Nurses who were graduated six, eight or ten years ago are often at a loss to know where they may find the best and newest presentation of a subject, and papers written for this kind of review are much more valuable when authorities are cited.

The state societies usually have quarterly or semi-annual meetings, and it would seem that brief papers reciting the newest developments and nursing treatment in medicine, surgery, obstetrics and children should never be omitted.

The writer would make a strong plea for subjects which will be particularly helpful to the private duty nurse, whose work and welfare are very often pushed aside for the more spectacular work of the visiting or hospital nurse. The private nurses are the bone and sinew of our nursing organizations and should and might have more help and consideration. That they do not, however, is largely their own fault, the writer admits, as the greater proportion of them absolutely refuse to take a more active part, which is a great mistake. The record of a private duty nurse's experiences would be invaluable to the young nurse at the beginning of her career.

One kind of work the writer would very much like to see taken up by the state societies is that of compiling nursing statistics. In the various census reports one may find vital statistics which include nurses, but one never knows whether a child's nurse-maid or a graduate nurse is meant.

There are two special points which need to be cleared up regarding nurses; first, the death-rate and cause of death, and second, the duration of their nursing life. The latter should be considered apart from those who end their nursing careers by marriage.

Ever since the writer was a probationer she has heard two traditions regarding nurses; one that a very large proportion die of tuberculosis, and the other that ten years is the average duration of a woman's nursing life. It would not be a difficult undertaking for the state societies to keep records for five years and clear up these points, which would be vastly interesting to every nurse and to medical statisticians as well.

Another subject which claims our attention is the welfare of nurses. The peculiar conditions under which all nurses work both in and out of the hospitals produce peculiar results often grave and disastrous. Too much work and too little companionship and healthy amusement cannot fail to wreak physical, mental or moral revenge upon the most robust human being, and not one among you who has been a nurse for five years or more but can recall sadly to mind mental, moral and physical

wrecks, which might possibly have been avoided by different environment. Nurses' clubs have proved invaluable in the very large cities but many nurses object strongly to living in an atmosphere which is necessarily too full of "shop talk," and in smaller cities and towns clubs for nurses are wholly out of the question.

The subject is one which the state societies should thoroughly investigate, and probably out of the mass of information obtained some practical and definite points for the betterment of nurse's welfare, both in training and after graduation would result.

The work so far suggested has been wholly within and for the welfare of the nurses in the state, but a state like a well-ordered household cannot confine its interests entirely to its own affairs. There must be mutual interests in neighboring states and in national affairs and some little time should always be assigned for their consideration at every state meeting. For instance Indiana, Illinois and Michigan lie so closely together that no very great expense would be involved if a joint meeting every two years were held in rotation in the different states. This coming together is extremely pleasant, interesting and profitable. The more we know of one another the better off we are. It is a great comfort to find that our neighbors have the same problems to struggle over that we have.

In the national organizations, the superintendent's society, the associated alumnae and the state societies should always keep in close touch. To many nurses these organizations seem far away and of little interest; but this should not be the case, for to the work of both of these societies we owe not only state registration, but the vast strides which have taken place in the betterment of nurse's training, our *AMERICAN JOURNAL OF NURSING* and the course in hospital economics, all originated in these societies, and without them we would soon lapse into the aimless ineffective body which existed not less than fifteen years ago. Welded together the alumnae societies, state societies, and national organizations, may be a mighty power for the good of nurses and nursing, and the state society should make a special mission of keeping the various alumnae societies in close touch with the associated alumnae. For instance, the choice of a delegate from the state association should be made with extreme care; she should be a woman who has had much experience and with good judgment to decide upon the important questions arising in the associated alumnae meetings, one who is particularly well-informed upon all subjects pertaining to nursing, and every alumnae society in the state she represents should be informed that she will represent the state, that they may in turn let their delegates know who will be the state repre-

sentative. Too often the alumnæ delegates are sent to the associated alumnæ meeting with the vaguest instructions, and with their inexperience and ignorance, are blown hither and yon by every opinion they hear around them, while if they knew who the state delegate was they could go to her for information and advice. The state delegate should also be furnished with a list of the alumnæ delegates and in this way much benefit would be derived for all concerned.

In closing the writer begs to add a few words to the individual nurse.

In very homely words, the bane of all organized effort in this world are the people who will "neither fish nor cut bait." Nursing work is inclined to be narrowing; if we are hospital nurses in any capacity we are liable to become so bound up in the complex routine of our daily lives that we almost forget that any world exists outside the four walls of our hospitals; if we are private duty nurses we are largely cut off from the natural activities of life and tend to become self-centered, and worse than all self-pitying; and thus it becomes a duty to guard ourselves from falling into such deep ruts that we cannot see the needs of our neighbors.

The nursing organizations are not always managed to suit our individual liking; but we all have the privilege of free speech, and the power of the ballot to change the management, and we should never forget that whatever our organizations are they are *exactly what nurses* have made them.

No nurse has the moral right to stand aloof from organized effort for the betterment of nursing; every one among us is indebted to every nurse before us from the creation, and we too have a duty to those who are to follow us, and it behooves each one of us to ask herself what she has done to help or hinder the next generation of nurses. We may say that it is none of our business but we cannot run away from our obligations; sooner or later we must all give an accounting. No woman should dare to nurse who does not keep herself informed of all that goes on in the nursing world. The alumnæ society and the state society will do much for her but she must constantly read and study or she will become hopelessly behind in a very short time.

On the other hand we have, like all professions, certain ones who are so hide-bound that they neither know nor think of anything but "shop." Anything more tedious than a nurse who can find nothing to talk about but her patients' symptoms, and what the doctor said I do not believe exists; one always has a desire to change the subject to millinery or something else more enlivening. I recently heard of a man who when engaging a nurse said he didn't want one to instruct

him in bacteriology and surgical technique, he preferred one who would talk about clothes or who would tell him the neighborhood gossip, and personally I confess to a very responsive feeling on the subject.

Because nursing is a serious, often sorrowful and painful round of duty, makes it all the more necessary that nurses should be optimistic and cheerful in their whole attitude toward life; not machine-like cheerfulness which is so depressing, but a good wholesome lively interest in all the world, and a capacity for finding things so bad that they are funny. Nothing is truer than the saying that "a lively sense of humor will carry a woman through where religion fails."



BY MEANS OF WHAT INFLUENCES COULD ENORMOUS IMPROVEMENT IN HEALTH BE OBTAINED?

FIRST, by providing clean air, free of smoke, dust (especially city dust containing horse manure), and noxious gases, which would be possible through clean streets, proper sewage and plumbing, ventilation of schools, railway cars, factories, public buildings and dwellings; the abolition of unsanitary tenement houses; and the education of the public as to the necessity of pure air.

Second, by pure water sources, uncontaminated by sewage or factory refuse.

Third, by pure milk and other foods free from noxious preservatives and infection.

Fourth, by the suppression of quackery in medicine, resulting in the disuse of nostrums, opium "soothing syrups," alcoholic "sarsaparillas," etc.

Fifth, by knowledge on the part of the public of a few simple facts as to preventive medicine and hygiene.

Sixth, by the establishment of a health ideal as a national ambition, such as proposed by Galton and in part realized by ancient Greeks and modern Japanese. As President Roosevelt said, "The preservation of national vigor should be a matter of patriotism."—*Public Health Catechism*.

WHAT I LEAVE BEHIND IN A TYPHOID CASE

By NANNA COLBY, R.N.

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It is frequently my experience to leave a typhoid patient as soon as the fight for life is over, and while there is still some time before she can leave her bed. In each case I have known the fact long enough before going to give full instructions, and this is the way I go about it.

I choose the member of the family who has been my most efficient helper. Beginning with the cleansing of the mouth, I show her carefully how to perform the routine tasks of the morning. Since this is a journal for nurses—graduate and pupil—it is quite unnecessary to go into the detail, as that is—or should be—understood. I do not keep the assistant in the room the entire morning, for that would often be trying for the patient, but let her help with the very early tasks one day, and the next assist with the enema, and possibly the bath. The lessons must be regulated according to the strength and condition of the patient.

The instruction for the enema must be very carefully given; the temperature, preparation and just how to insert the point or large soft rubber catheter if that is left in place of the high rectal tube. Caution must be given against force in inserting the tube and against high pressure, for the tissues of the bowel and rectum are very tender to say the least.

The lesson of the bed pan is by no means unimportant. As the majority of the bed pans in my practice are the old-fashioned kind—like a dust pan—it requires careful instruction how to place one and protect the bed and bedding by a thick pad of newspapers under the pan and a folded piece of paper set in the pan just in front of the patient, forming what my patients often call a “dash-board.” I show my assistant how to thoroughly and modestly clean the patient, without exposure and without fatigue to her. The deft pupil will watch every move you make and carefully do what you ask of her, while you are talking of other things, and outside you can answer any questions or explain anything she should know. Usually the next day comes the bath, the alcohol rub and changing the linen. This last is not new, for the assistant has helped me before and knows how it should be done when she has charge. The hand solution and disinfecting the excretions, have also been learned long ago, for the first thing I do for the family is to caution each to thoroughly cleanse the hands every time she leaves the sick room.

I have my successor give the medicines the last day so that she

will become thoroughly acquainted with the various kinds and know just how they come. Sometimes there are several, sometimes only one.

I give careful directions concerning fresh air and temperature of the room, for there is no longer fever and the temperature must be even. I also explain the necessity of giving water every two to four hours. Occasionally I teach the reading of the thermometer and how to take pulse, but if both are running normal or a bit below, the physician usually does not care for this from one of the family.

Decidedly the most important thing to leave behind is the diet instruction. This, of course, is strictly under the doctor's order, but the nurse has much to do to impress upon the family—and her successor in particular—the necessity of giving absolutely nothing more than the physician prescribes, and the great danger in disobeying his order in the slightest degree. I show how to prepare the nourishment given at the time I leave, and the exact amount. I also teach my successor how to make a few soft diets that will be allowed first, and how to broil a steak, for I find few people who know how to do this for the sick (or well).

The preparation of the patient for, and the care through the night are very essential. She will need nourishment and stimulations—perhaps only once or twice, according to the order. The temperature of the room must be kept even, especially during the early morning hours and the patient warm. In the preparation of the patient for the night, I find that a good hot sponge of sea-salt, normal salt or even plain hot water, is one of the best nerve sedatives I know. This followed by the alcohol rub and a hot nourishment—milk, egg-nog, cocoa, broth or anything that can be taken in liquids—leaves no depression and is very restful to the nervous typhoid convalescent, or one suffering from shattered nerves through any cause.

Using my assistant as a model I give her an object lesson in slowly elevating the patient to a sitting position in bed, and just how to get her out in a chair the first few times.

The care of the hair through convalescence is a hobby of mine. Before I leave, as soon as I can do it without overtaxing the patient's strength, I thoroughly cleanse the head and hair with alcohol; taking a part of the hair at a time. I then apply a good hair tonic with gentle massage, and the treatment is very soothing. In this way the hair never all comes out at once, and the new hair is vigorous and grows rapidly. Often considerable of the old hair regains its health and is not lost.

These instructions require painstaking care and time, but in every case I have found my assistant eager to learn; she has faithfully followed my directions, and her charge has made a fine recovery.

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

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To board or to keep house—that is the question. If you have boarded and found it neither cheap nor pleasing, you may like to try the alternative of keeping house on a small scale.

The shops furnish several kinds of cooking apparatus suitable for light housekeeping. You may begin with one alcohol lamp, or a chafing-dish and an extra lamp, or a two-burner alcohol stove. You may have a blue-flame kerosene oil stove, a gas plate with one, two or three burners and an oven, or a gas range with four top burners, an oven and a broiler.

You will have better success if your cooking utensils are suited in size to the amounts you are going to cook. Here are suggestions for a small outfit:

Quart saucepan	Teaspoon	Strainer
Pint saucepan	Tablespoon	Two pie tins
Cover for each	Fork	Baking-dish
Small frying-pan	Measuring cup	Dishpan
Pint double-boiler	Dover egg-beater	Soap-dish
Two-quart earthen bowl	Small tea-kettle	Two dish cloths
Paring knife	Pint teapot	Four dish towels
Palette knife	Quart coffee-pot	Vegetable brush
Wooden spoon	Toaster	

If you are beginning on a very small scale, you will omit a number of these utensils. If you are doing it more elaborately, you will add several conveniences to these. A baby ice-cream freezer will freeze two dishes of ice-cream in ten minutes, and will make a variety of delicious desserts. A potato ricer makes the mashing of potatoes much easier and quicker. A meat-grinder or a chopping-bowl and knife will allow you some good things not otherwise easy to get.

Now for suggestions for a first day's menu, which, of course, must be modified to fit individual circumstances.

BREAKFAST

Cream of wheat with dates	Scrambled eggs
Toast	Coffee
	Strawberries

LUNCHEON OR SUPPER

Potato salad

Bread and butter

Cream cheese

Tea

DINNER

Veal cutlet

Boiled rice

Green peas

Strawberry short-cake

Rule number one about cereals is, never believe what the packages say about the length of time to cook them. They cannot be properly cooked in fifteen or twenty minutes. If you don't like to get up early, cook your cereal the night before and reheat it, or do without it.

Cereal. One-quarter cup cream of wheat, one-quarter teaspoon salt, one and one-quarter cups of water, two dates. Bring water to boiling point in upper part of double boiler. Add salt. Pour cereal into boiling water, stirring steadily. Let boiling continue until mixture thickens, or about five minutes. Stir only enough to prevent sticking. Place upper part of boiler in lower part, which should be half-full of boiling water. Cook forty-five minutes, without stirring. About ten minutes before it is done, stir in carefully two dates which have been washed, stoned and cut in small pieces.

Coffee. Four tablespoons ground coffee, three cups boiling water, one tablespoon beaten white of egg. Rinse coffee-pot with hot water. Stir beaten egg into coffee, and add just enough cold water to moisten coffee and make the grains cling together. Put into coffee-pot, pour on boiling water. Bring to boiling point and boil one minute. Let stand in warm place five minutes before serving.

See that your coffee-pot is thoroughly washed, rinsed and aired each time after using it. Poor coffee is oftener due to unclean, ill-smelling coffee-pots than to bad materials or wrong methods of making.

Scrambled Eggs. Two eggs, one tablespoon butter, two tablespoons water, few grains salt. Scrambled eggs should be a soft, creamy, tender mixture when done, not a tough, hard mass. This is the way to get them so. Beat the eggs slightly, enough to blend yolks and whites. Add water, one tablespoon for each egg, and salt. Put butter in the saucepan, melt, but do not brown; turn in egg mixture. Cook over low fire, lifting from the bottom of the pan as the mixture cooks, until the whites are set.

If you have too hot a fire, the egg will be tough. If the mixture is stirred too hard and fast, the egg will be broken up in fine pieces, which spoils the appearance of the dish. It is safer to set the saucepan in hot water while cooking.

Toast. Cut stale bread in even slices about one-third inch thick. Dry in oven, then toast each side a golden brown.

Now there are two different tastes in the matter of toast. One is for toast crisp on the outside only, and soft inside. The other is for toast crisp all the way through. The latter is undoubtedly better digested, because more likely to be well masticated. But if you insist upon having the soft kind, don't dry the bread much before toasting, and toast it quickly. For the crisp sort, the bread should be well-dried before toasting, or else toasted slowly over a moderate fire.

Strawberries. Strawberries are best cleaned by dipping a few at a time in a dish of water, to remove sand and grit. Then remove hulls and drain in a strainer. Serve with powdered sugar and cream or sugar alone.

While you are eating breakfast, you can have some potatoes boiling. These should be washed, pared and put into boiling water, plenty of water to cover the potatoes and keep them covered while they are cooking. Let them boil gently so that they may not break on the surface. They should cook until they can be pierced easily with a fork. But do not overcook them when they are to be used for salad. Add salt to potatoes five or ten minutes before taking them up. As soon as they are done, drain off the water, and shake the kettle gently over the fire for a minute or two, so that they may be thoroughly dried. Let them cool, and then they are ready when you have a chance to make your salad.

Potato Salad. Two medium-sized boiled potatoes, one small cucumber, two slices onion. Cut the potatoes and cucumber into half-inch dice, and the onion into very fine pieces. Combine with the following:

Cooked Dressing. One tablespoon flour, one tablespoon butter, one-half cup milk, one-half teaspoon salt, one-eighth teaspoon pepper, one-half teaspoon mustard, one-quarter teaspoon sugar, one egg yolk, two tablespoons vinegar. Melt butter, add flour and cook together without browning three minutes. Add milk and bring to boiling point, stirring constantly. Remove from fire and add beaten yolk of egg. Cook below boiling point two minutes. Take from fire and add vinegar gradually, then seasonings. This should be a smooth, creamy dressing.

To combine salad, mix the vegetables and half the dressing in a bowl, tossing together lightly with a fork. Turn out on a serving dish, and pour over the rest of the dressing.

This salad may be varied by substituting celery for cucumber, and finely chopped green peppers for onion.

Tea. Two teaspoons black or one teaspoon green tea, two cups boiling water. Scald teapot, put in tea, pour on water, which must

be freshly boiled. Let stand in warm place, where it will not boil, three minutes. Pour into cups at once. Serve with milk and sugar, or a slice of lemon and sugar.

Veal Cutlet. One-half pound veal cutlet, two tablespoons butter, two tablespoons flour, one cup water, one-quarter teaspoon salt. Take off the outside skin from the cutlet, wipe with a cloth wrung out of cold water. Put half the butter in a frying pan; when hot, put in the cutlet, brown nicely on both sides. Lift out the meat, add remaining butter and flour, cook together until blended. Add water, bring to boiling point, stirring constantly. Return cutlet to pan and simmer gently until perfectly tender, from thirty to forty minutes.

Green Peas. One quart peas, one tablespoon butter, salt, pepper, water. Shell peas, wash quickly in cold water. Put in saucepan, add just enough boiling water to cover. Boil gently, *without* a cover, until tender, about twenty minutes. Five minutes before they are done, add salt and pepper, and just before serving, add butter. The water should be absorbed or evaporated by the time the peas are done, so that they need not be drained. If the water is poured off, much of the flavor of the peas is lost.

Boiled Rice. Two tablespoons rice, one pint water, one teaspoon salt, one-quarter cup cream. Wash rice in cold water. Have pint of water boiling, and drop in rice slowly. Lift the kernels with a fork to prevent them from sticking to the bottom of the kettle, until they are dancing in the water. Then let the rice cook, without stirring, about thirty minutes. The kernels should be large, soft and transparent. When done, turn the rice into a strainer, and let cold water run through it freely. Return to the kettle, add cream and reheat carefully.

Strawberry Short-cake. One-half cup pastry flour, one tablespoon sugar, one teaspoon baking powder, one-eighth teaspoon salt, one tablespoon beaten egg, four teaspoons butter, four teaspoons milk. Mix and sift dry ingredients. Work in butter lightly with tips of fingers. Add egg, then milk. Toss out on a floured pan, and pat out with a knife until half an inch thick. Cut into two rounds, and bake in a quick oven until nicely browned, about twelve or fifteen minutes. Split each biscuit, pile strawberries which have been standing for a little time covered with sugar on the lower half of biscuit, put on the upper half, pile on more berries and cover with whipped cream.

Be careful in adding the milk to the other ingredients in the short-cake dough, not to make the dough too soft to handle. Flour differs in the amount of moisture it will take up, and it may not be necessary to use all of the milk in this recipe.

Note.—All proportions in these rules are based upon *level* measurements of tablespoons, teaspoons and cups.

LESSONS IN DIETETICS

By MARY C. WHEELER

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(Continued from page 595)

ALCOHOL

THE only form of alcohol with which we are concerned is Ethyl Alcohol (C_2H_5OH). It is produced in all the beverages in which it is found, from the fermentation of sugar by yeast. $C_6H_{12}O_6$ plus yeast and proper temperature equal $2CO_2$ plus $2C_2H_5OH$ and bye-products.

NAME	PERCENTAGE OF ALCOHOL PRESENT	DOSE
Absolute Alcohol	99	Only used externally
Alcohol	91	$\frac{1}{2}$ -2 drachms
Dilute Alcohol	41	1-4 drachms
Spiritus Frumenti	45-50	1-4 drachms
Spiritus Vini Gallici	45-50	1-4 drachms
Spiritus Juniperi	45-50	1-4 drachms
Vinum Xericum	15-20	4-8 drachms
Vinum Portense	15-20	4-8 drachms
Vinum Album	10-14	4-8 drachms
Vinum Rubrum	10-14	4-8 drachms
Champagne	10-13	8-16 drachms
Claret	8-10	8-16 drachms
Ale, beer, porter	3-6	

Externally alcohol is used as a stimulating and cooling lotion and as an antiseptic. Rubbed into the skin it prevents bedsores by hardening the epidermis.

Internally, the local effects of alcohol are those of a chemical irritant. If some strong form of the spirit (whiskey or brandy) is taken into the mouth a sensation of burning is produced owing to the irritation of the nerve endings and bye-and-bye the mucous membrane becomes somewhat corrugated and whitened by reason of the removal of water from its surface cells and the coagulation of their protoplasm. Repeated local application of this sort is the exciting cause of pharyngitis and gastric catarrh often observed in those who are in the habit of drinking strong spirits, especially on an empty stomach when the alcohol can

come in direct contact with the mucous membrane. The stimulation of the nerves of the mouth brings about, reflexly, a profuse flow of saliva.

Effects of Alcohol on Digestion.—Arrived in the stomach, alcohol mixes with the gastric contents and affects the process of digestion in several directions. It has very little influence on the chemical process of digestion. When it is present to the extent of only 1 to 2 per cent. of the digesting mixture, it is rather favorable than otherwise. If the proportion of alcohol is increased to 5 to 10 per cent. the chemical changes of digestion become retarded and it is only when 20 per cent. of alcohol is present that the process is arrested altogether.

The pancreatic digestion is much more sensitive to alcohol. If the latter is present to the extent of merely 2 to 3 per cent. the process is distinctly retarded. But digestion is not merely a mechanical process and the use of alcohol increases the stomach peristalsis, aiding thus in the mechanical action. It also promotes the secretion of the gastric juice both by irritating the nerves of the mucous membrane and also by its presence in the blood after absorption. The passage of alcohol out of the stomach into the blood is counterbalanced by a flow of water from the blood into the stomach. If then, alcohol be administered to a patient with a dilated stomach, the result may be that the total amount of fluid in the organ is increased. Given with narcotics, it hastens the action of the same, as it becomes more rapidly absorbed.

Alcohol as a Stimulant.—The Latin word “stimulus,” means a whip or spur and a stimulant is anything which is capable of spurring on an organ to the performance of more work. As a rule, it may be said, that stimulants act either upon the nervous system or upon the heart and alcohol is one which affects the latter much more than the former. Any symptoms of increased brain activity which it induces are probably to be regarded as the consequence of an increased flow of blood through the brain rather than as a result of any direct action upon the cerebral cells. On account of an increased flow of blood throughout the body, alcohol should never be given as a stimulant when there is any hemorrhage. Its use increases the sweat and urine and it is burnt up or oxidized in the body, thus acting as an auxiliary food.

Elimination of Alcohol.—Alcohol is eliminated from the body by the lungs, skin, bowels and kidneys.

Some Indicated Uses of Alcohol.—In febrile diseases, the signs of its doing good are: it lowers the temperature, strengthens and slows the pulse and respiration, moistens the tongue, lessens the delirium, induces sleep and makes the skin feel moist and more natural.

Some Points to be Considered in its Use.—The question comes, why are tea, coffee and alcoholic beverages necessary to man and not to other animals? The human animal has come to live in very changed conditions. There is less muscular activity because of more sedentary lines of work; there is more nervous strain; man is subject to emotional states not seen in other animals or savages. If any person desires the use of alcohol as a stimulant it is necessary for each one to be his own judge in the matter. There are several points to be considered in its moderate use:

1. In small quantities it may be oxidized and be beneficial, but it is usually a stimulant.

2. It is injurious or beneficial according to conditions, *i.e.*, nature of the person, the amount of food required and individual constitution.

3. The limit of possible beneficial effect is soon reached. The limit is variable with different individuals and it is not necessarily harmless after the limit is reached.

4. Excessive use induces diseases, of many organs, how we do not know.

5. No individual can absolutely distinguish between the good effects and excessive amounts.

6. Danger of developing its excessive use is great. All stimulants have the tendency to increase in amount as used. Protoplasm adapts itself when gradually imposed upon.

7. It may be harmless under certain conditions. There are no statistics that it is useful to healthy conditions.

8. Many of the stimulants used are not pure. Different substances contained in them may be more harmful than the alcohol itself.

Nos. 4, 5 and 6 are the strongest points against the excessive use of alcohol.

(To be continued)



CAMPING IN OLD VIRGINIA

By NORMA V. ROUND, R.N.

Maryland

A CAMPING party was one of our dreams while in training. Many an evening after we came off duty, too tired to do anything else, we would lounge around and plan an ideal camp. After we graduated, we were all so scattered our plans never materialized until last summer.

Accidentally I heard of a house-boat for rent near the picturesque little town of Occoquan, situated on Occoquan Creek, near where it empties into the Potomac River and only an hour's ride from Washington. This being a central point there seemed a possibility that our dream might be realized. I immediately wrote to all my classmates and received such enthusiastic replies from them that I engaged the boat, bought a tent, and wrote them to meet me on July 3d, each to bring a friend—a brother preferred.

We were to be in uniform, so I asked each nurse to bring two old blue uniforms, also red bandana handkerchiefs for neck and belt, a farmer's hat decorated with a red bandana, a tin cup, plate and spoon, a blanket and a tick to fill with straw.

The men were to wear blue shirts to match our uniforms with bandana handkerchiefs for the neck and khaki trousers and leggings.

My brother and I drove across country about twenty miles carrying a small stove, hammocks and a few other necessities. When we reached the top of the last hill we were repaid for our long drive by a beautiful view of Occoquan Bay as it widens out into the Potomac River.

The town of Occoquan has a most romantic location at the foot of the hill and bursts suddenly upon you when you have no idea there is civilization anywhere near you. The name is of Indian origin, meaning under a hill. There is a tradition that Spaniards landed here and made a settlement early in the seventeenth century. The town lies at the head of navigation at the foot of what is known as Occoquan Falls, where the small river comes dashing and foaming among great rocks, making a descent of about seventy feet in the last half mile. It is a place that artists rave over and photographers delight to frequent. On your way to Jamestown, via the Atlantic Coast Line, you can catch a glimpse of Occoquan, as you whirl along over a high bridge, two miles farther down the stream. Nestling among the foothills on the banks of a placid winding stream it is a sight which will not be forgotten.



HOUSE-BOAT WHICH SHELTERED US FOR TWO WEEKS.



LUNCH HOUR.

Just as we reached the outskirts of the town where we wished most to make a good impression, one wheel played us false and we made our debut in rather a precipitous and original manner.

On the stream just above the town is an old grist mill and above that an older mill in ruins overgrown with ivy. One hundred yards farther up stream amid huge rocks we anchored our house-boat which was to answer as sleeping apartments and a place in which to lock up our few valuables. Up a rugged but beautifully shaded path, along the "race" which furnished water for the mills, we found an ideal place to pitch our tent. Here we hung our hammocks, sheltered our stove, built our table, and camp was ready.

We were practically in a wilderness, yet within five minutes of the town of Occoquan, where we could procure everything we needed from fresh meat and home-made bread and pies to row-boats, launches and fishing tackle. One merchant even allowed the campers to get vegetables from his garden but would not charge anything for them because, as he said, "they grew."

Can anything more ideal be imagined? Not to the mind of any member of our camping party.

There were ten of us and we spent two weeks out of the ruts of life and in that happy state of mind which no one can appreciate unless she has been camping.

The days were spent chiefly in fishing and rowing and in luxurious idleness.

Every afternoon while the boys went to the deep hole for a swim, the girls would go "rocking." This is a word which was coined at Occoquan. It consisted in donning bathing suits and rowing up among the boulders where an hour was spent in climbing over the rocks, wading in the water and sand, and hanging to the sides of the boat as it drifted over deeper water.

And the boys up at the "deep hole" would plunge into its cool fathomless depth and then rise to the surface aglow with the joy of living; then they would lie on the rocks in the warm sunlight and let time drift by like the clouds.

But the climax came in the evening. As the shades gathered, you could see two boats push out from the shore and drift down the stream side by side, and following in their track over the water came floating songs and laughter until they died away as the boats drifted over "Devil's Reach." If you had asked the party where they were going they would have said "To meet the moon."

Each night they drifted down until they met Luna as she rose over the hills and then they rowed back to camp.

Excursions were taken in a launch to historic places. Only eight miles to the east stands quiet Mount Vernon. Down the Occoquan, as you pass under the high railroad bridge, you come to the site of the vanished village of Colchester, an important town in Washington's day, where but a single house now stands. Across the Potomac we found Marshall Hall. A few miles to the south is Old Dumfries, which was a port of entry before Baltimore or Alexandria. And, I almost forgot to say, that the ruins of the foundry, where John Ballendine cast iron cannon balls for our revolutionary forefathers, lay on the side of the "race" only one good stone's throw away.

But the most remarkable thing was our expenses.

The rent of the house-boat, the cost of the tent, the hire of the launch and row-boats, the provisions and everything amounted to about sixty-five cents a day for each person, and no effort was made to cut expenses either. And for this small sum, here amid a beautiful setting of hills, rocks and trees, we found heart's-ease for a fortnight.



AN UNCONSCIOUS PUN

THE following must be read aloud to be appreciated:

I was visiting at a physician's whose wife was an old friend of mine, and a bright woman greatly interested in hygienic subjects.

The doctor and I were talking about a case of cirrhosis of the liver. The wife listened in a puzzled way till the term had been used several times. Then she exclaimed with emphasis: "I never heard *sorosis* of the *liver*!"

"Did you ever hear of cirrhosis of anything?" asked her husband in an amused tone.

"Why, yes; it is a kind of a shoe!" was the prompt reply.

The doctor's and my eyes met, and in spite of ourselves we laughed at the unconscious pun. She took our mirth with good nature, but I doubt if she ever exactly understood the joke.

E. B. B.



"ROCKING."



OUT FOR A ROW.



AT THE FOOT OF THE RAPIDS.



ON THE WAY TO MOUNT VERNON.

RED CROSS WORK



THE RED CROSS IN TIME OF PEACE

A BANNER of white, emblazoned with a scarlet cross, has been unfurled by forty-three of the nations of the world. It is universally recognized as the symbol of humanity and neutrality, and it is a standard which marks the rallying point of every individual, interested in the prevention of human suffering. Therefore it is a matter of much surprise and disappointment that hundreds of professional nurses were not in the foremost ranks of those who have come to the support of the Red Cross.

One of the first acts of the New York State Branch of the American National Red Cross was to nominate a committee on the enrollment of nurses. It has been pointed out, that this committee showed its readiness to conform to the standards of the professional nurses, and they invited the coöperation of the nurses in furthering the work of the Red Cross. When the nurses failed to enroll, the Red Cross endeavored to discover the reason for the lack of interest shown and they invited suggestions from, and discussion among the nurses.

At the time of the reorganization of the American National Red Cross a great deal of emphasis was laid on the point, that the Red Cross was the reserve emergency organization of the American people to relieve distress in time of war or calamity. The experience of graduate nurses during the Spanish-American War had proved that in time of war or calamity the services of properly qualified nurses were indispensable. This made it difficult to convince nurses that there was any urgent reason why they should comply with the various rules and regulations for enrollment and bind themselves by what appeared to them an arbitrary agreement for an indefinite time of service.

However a very radical change in the affairs of the American National Red Cross was brought about by the unanimous adoption of a resolution at the Eighth International Red Cross Conference held in London, 1907, that "it is desirable that the societies of the Red Cross participate in the struggle against tuberculosis." This was the outcome of a general conviction of "the need of permanent practical work in time of peace for the maintenance of the effective energy of the Red Cross." There was no restriction as to what form such "permanent practical work in time of peace," should take; accordingly the District of Columbia

Branch inaugurated and delivered a course of six lectures on "Home Nursing" for the benefit of persons who were not able to obtain the services of a professional nurse in time of sickness. This has aroused bitter opposition to the Red Cross from some nurses on the ground that such lectures would attract an undesirable class of persons who after attending such a course of lectures, might attempt to usurp the position of the properly qualified nurse. Suppose we admit for the sake of argument that there is some truth in this, that undesirable persons might attend these lectures and afterwards pose as properly qualified nurses, will any nurse in good standing admit that she believes, the competition of such quack nurses, would be a menace to her either personally or professionally? As for protecting the general public from such quack nurses, nine times out of ten the general public has shown that it is quite well able to protect itself, and on many occasions it looks after its own interests rather more zealously than is agreeable to the disinterested nurse. On the other hand when we recall how much instruction any information in the shape of free lectures and exhibits for every conceivable study and subject, can be had in most of our large cities, when we note that the persons who take the lead in such public-spirited movements are for the most part men and women in the front ranks of their respective professions, we cannot but feel that the nursing profession only belittles and humiliates itself by opposing any course of instruction such as the one we have mentioned. Look over the list of free lectures delivered in New York City this winter, for instance the course of twelve free lectures on Nutrition given by members of the Faculty of Columbia University at Teachers' College, or the lectures on Law delivered at Cooper Union by members of the Faculty of Columbia College, or the lectures on Preventable Diseases for the benefit of the general public given by the King's County Medical Society, and those delivered under the auspices of the Department of Education. They excited no outcry, to the effect that they might attract an undesirable element and so deluge the general public with quack professors!

It has been said that social efficiency depends upon a sense of social responsibility which requires each and every member of the organism, to place the interests of the community or nation over and above those of his own self, and which is shown by vigorous individual efforts in the cause of the betterment of society. It was this spirit of social responsibility which prompted the delegates at the Tenth Annual Convention of Nurses' Associated Alumnae to appoint a Committee on Public Health. It was this same spirit of social responsibility which prompted the Red Cross to undertake a campaign of health education with reference to the

prevention of disease and accidents and the highest degree of social efficiency of both societies, the Nurses' Associated Alumnae and the Red Cross, can best be reached by the affiliation of the nurses with the Red Cross and the hearty coöperation of both in the furtherance of this public health work.

Under the auspices of the New Utrecht Red Cross a branch of the Brooklyn sub-division, a series of informal addresses are now being given under the title "Hygiene-Sanitation and Emergency Care of the Injured." The object of these addresses is the spread of general information on these subjects. No special class is enrolled, all regular members of the Red Cross are privileged to attend on payment of a nominal fee of fifty cents for six addresses. Non-members pay at the rate of twenty-five cents an address, with the understanding that when they have contributed one dollar and fifty cents, one dollar will be forwarded with their name and address to Red Cross headquarters and they will be enrolled as regular members. The registered nurses have been asked to coöperate with the Red Cross in this work by delivering these addresses. Two reasonable objections have been offered, one, that the majority of nurses know nothing about teaching and are not accustomed to speaking in public; the other, that as time means money to the majority of nurses, it will be impossible to do any effective work unless the Red Cross can have salaried teachers. It is probable that for some of this work the Red Cross will arrange a definite course of instruction with salaried teachers, but in a movement which it is hoped will become as wide-spread and far-reaching as this some of the pioneer work must be voluntary. Every nurse is not adapted to teach but teachers as well as nurses have to be trained before they are really efficient, and to those who are interested in this line of work we offer the suggestion that these informal Red Cross addresses, delivered to an inexperienced audience, might offer a good practice field for the training of teachers and public speakers on hygiene, the laws of sanitation and kindred subjects.

BEATRICE STEVENSON.

Brooklyn, N. Y.

Dear Editor: The account given in the May number of the New York County Nurses' Society meeting in April does not, I think, convey to readers the impression which I tried to make in what I said there. I will be grateful, therefore, for a few lines of space in which to recapitulate. My remarks related entirely to the proposition of classes in nursing under the auspices of the Red Cross. I did not include hygiene or sanitation. As a matter of fact, I should always approve of public

teaching in hygiene and sanitation, if given by competent teachers. I remarked, however, in passing, that it had been shown in England that special training for such teachers was of the utmost importance. Nor did I oppose first aid teaching. But I think first aid should be taught by physicians. My text was, "Should nurses undertake the teaching of popular or elementary nursing for the Red Cross societies?" My opinion was in the negative, *not* because such amateurs would enter the field in *competition* with trained nurses—I took some pains to explain that I believed trained nurses as a whole rose superior to this feeling—but emphatically because such teaching would surely produce the superficially instructed amateur which the Red Cross societies in Europe have produced by similar nursing courses, and because the glamor of the Red Cross attracted an adventurous class, as I had myself seen at Johnstown during the flood rescue work, and before that in Florida during a yellow-fever epidemic, and that this class would certainly pose as Red Cross nurses and that many of them would be frankly commercial in their attitude.

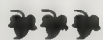
I have seen, abroad, the clearest evidence that the Red Cross does great harm to thorough nursing teaching by its popularization of "classes in nursing" and by its amateur methods. I think it would be a great mistake if it were to repeat these methods in this country, and a foolish thing for nurses to assist in it.

I said that I do think every mother and sister, daughter and wife, should know how to make a bed for a sick person, give the cleansing bath and do all of the many little nursing duties that every helpful woman can learn. Such teaching, of a practical character, has always been given in the settlement of which I am a member, and I have taken a share in it. I doubt strongly, however, that the Red Cross will reach this domestic circle. The hope of glory, the fascination of the brassard, attract the moths and butterflies, and there will simply be another variety of short-term nurses to add to the present numbers of workers who have not been properly fitted for their work.

L. L. Dock



NURSING IN MISSION STATIONS



HOW A SMALL HOSPITAL WAS STARTED

ABOUT ten months ago, Miss Beatrice H. Woodward, graduate of the Orange Memorial Hospital, was sent by Mrs. Whitelaw Reid to take up the duties as parish nurse for St. Matthew's Episcopal church, San Mateo, California. Before her arrival in our little village, we had thought that we were unusually free of any very poor and needy people; however, we soon knew differently. Miss Woodward has a faculty of finding them out. Her ever ready sympathy and help make her a welcome visitor every where. So, through her labor, the Red Cross Guild began—far from looking after and caring only for those inside our own parish, the work spread or rather broadened out enough to embrace every one in need, independent of race, creed or color. Before coming west, Miss Woodward had spent a short time in New York studying the district work there, and now a work that was wholly unknown in San Mateo a short year ago has borne fruit, for when Mrs. Reid understood the great good that was being done by our parish nurse, she again opened her generous heart—and plans were soon being made to build a hospital, which she would donate in memory of her mother. The hospital was to be an emergency one for those whom it was impossible to take as far as San Francisco.

So our little Cottage hospital was built with five rooms, two baths, a general sitting, dining, and office room, in one, kitchen, and a small servants' room. The total cost of this was five thousand dollars. Then comes last, but not least, our little operating room, sixteen by eighteen and a half; this cost twenty-five hundred dollars, and one seldom sees a more complete or handsomer operating room in even a large hospital and certainly never in a small one. Mrs. Reid cabled from her London home that the operating room and its belongings were to be of the best. The name of the Hospital is St. Matthew's Episcopal Red Cross Guild Hospital. It is under the jurisdiction of St. Matthew's Episcopal church and is built on the spacious church grounds. The hospital is

[It is our intention to give space to all missionary material which may come to us, in this department, whether it relates to work at home or abroad. The following article is not exactly on a missionary subject, but it is written about a work which has the true missionary spirit, and we are glad to present it here.—ED.]

affiliated with the National Red Cross of Washington and yet is independent, so that it need not report to headquarters except in case of national calamity, when we have volunteered to go hand in hand with them to our utmost capacity.

About two weeks before the dedication, a street car accident occurred near San Mateo. The building was just completed, but the instruments and most of the furniture were still packed but everything was hurriedly gotten ready by Miss L. W. Black, a graduate of the London Hospital, England. This lady had also been sent by Mrs. Reid to take charge of the hospital. Miss Black made it possible in a few hours for the surgeons to perform an amputation just below the right knee. Strangely enough, this first patient in our hospital was an employee in Mrs. Reid's father's service, and was therefore especially entitled to attention at this hospital. More than all it saved his life, for he surely would have died had he been taken to San Francisco, on account of the distance. Four more cases were taken in a few days later, one was a maternity case, the other two operative; and on January 23rd, at three P.M., when the dedication service was read, there were four patients and one little baby. There was also one new patient, whom Miss Woodward had found through her district work nearly dying, and as soon as she dared move her she was brought to the hospital.

The dedication service was conducted by the Rt. Rev. Wm. Ford Nichols, bishop of the diocese of California, assisted by Rev. N. B. W. Gallway, rector of the parish, with organist and choir. Ambassador and Mrs. Reid, as well as Mrs. Reid's father, Mr. D. O. Mills of Milbrae, California, were present. The opening hymn and prayer were in the main downstairs room, then the upstairs and finally the operating room were dedicated to the art of healing.

Mr. Gallway made an address in which he spoke of the blessing which had come to this community and expressed the hope that this small hospital would serve as a means of rousing the people to build a larger institution, really adequate to the need of this section. No discrimination was here to be made among patients as to race, color or creed, every one was to be made welcome, and as many as the place could accommodate should not only be made welcome but it should be made possible for them to receive their own clergy. Mr. Gallway said we are only trying to do what Jesus Christ would do were He here. He also hoped there would be many other little church hospitals erected until there should be a chain of such hospitals all over the land. He congratulated the donor on starting such a movement.

The Rev. Mr. Kimball of the Congregational church spoke for

the community which he represented and congratulated the parish upon the opportunities for good which this hospital offered.

Rev. S. Quickmire, pastor of the Methodist Episcopal church, paid tribute to the noble woman who ministered to the wants of the Saviour and he was glad that it had entered into the heart of a woman to render service to the sons and daughters of the Heavenly Father.

Dr. Offield spoke for the medical profession. He said already, before the formal opening, this hospital had saved more than one man's life, and he congratulated the hospital on having well-trained nurses.

The bishop then gave the closing address, speaking of church hospitals from a historic standpoint and showing their unifying influence, not only upon the Church but upon the communities in which they were situated.

The first church hospital in this country was started sixty years ago by Rev. Dr. Muhlenberg of New York City in two small rooms in a back alley, and to-day it has a large building. Since this beginning, the country has literally been dotted with such institutions of mercy. He felt sure that in San Mateo, from this time on, doctors, patients, nurses and people would be drawn more and more together, till at last they would form one great family in sickness as well as in health—and all because of the Red Cross Guild in our town.

After a closing prayer the nurses showed the visitors over the building. As a nurse myself, and also a churchwoman, I am more than proud to know that all this has been brought to life through the patient work of a sister nurse.

THERESA ERICKSON,
Graduate Northwestern Hospital, Minneapolis, Minnesota

A CALL TO THE PHILIPPINES

WE call special attention to those of our readers who have a bent for missionary work, to the letter from Mr. John W. Wood, secretary of the Domestic and Foreign Missionary Society of the Protestant Episcopal Church, to be found in the letter department. A number of important posts in the missionary field, have been filled through announcements made in our pages, and we are always glad to give space to such requests, when asked to do so.

NEW EDUCATION IN CHINA

A NEW method to simplify the Chinese language is being introduced for use in the newly opened public schools of China. Fifty or sixty

of the main sounds have been selected and incorporated into a system somewhat on the plan of shorthand, and several of the schools are already giving it a trial. In other ways, too, the educational system is being modified and made more simple. Instead of conning the wise saying of the sages, Chinese school children now read stories of familiar objects from brightly illustrated primers and graded books, as American children do. The Christian mission school has had a powerful influence in bringing about this change. As the boys and girls trained in mission schools have grown to maturity, their good citizenship has been felt, and China is asking for more such men and women. Though government schools are being opened everywhere, the mission schools are more crowded than ever before.

MISS REBECCA SAVILLE ATKINSON

MISS REBECCA SAVILLE ATKINSON is a member of St. Philip's Church, Philadelphia, her native city. She was educated partly in Philadelphia and partly in Detroit. Four years ago she entered the Training School of the Protestant Episcopal Hospital of Philadelphia, graduating in the class of 1906. Since then she has devoted herself to private nursing. Recognizing the physical and spiritual needs of people in distant lands, and the work that can be done through the mission hospital to open the way for the Gospel, she offered for the Philippines, expecting to make missionary service her life work, and expressing her willingness to go elsewhere if necessary. Those under whom she secured her training speak highly of her ability as a nurse.—*Spirit of Missions*.



NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TREATMENT OF SHOCK.—*The American Journal of Surgery* says: Raising the foot of the bed twelve inches may combat shock more quickly than the repeated administration of stimulants and, by the way, is far less harmful to the patient. One should remember not to use this means in abdominal cases where pus has been found in the peritoneal cavity.

CONSUMPTIVE SANATORIA: ARE THEY WORTH WHILE?—In *The Glasgow Medical Journal* Dr. David Lawson shows on the basis of statistical material that the fact that eight years after discharge from sanatoria so large a number as seventy-three per cent. of persons treated were still capable of work, and of these over sixty-one per cent. enjoyed full working capacity, must effectually refute the contention of those who assert that the clinical results of sanatoria do not justify their existence.

TREATMENT OF THE OPIUM HABIT IN INDIA AND CHINA.—Before the Medical Society of the County of New York Dr. W. D. Silkworth, of Brooklyn (by invitation), told of the so-called Malay cure with burnt opium and the method of employment. A demonstration was made before the society of the making of the pill, and how it was used in the pipe. The remedy was discovered by a Chinese wood cutter and its introduction was furthered by Sir Charles King. Six patients were presented to demonstrate the results of the treatment.

EXPERIMENTAL NOTES ON ARTIFICIAL NUTRITION, WITH SPECIAL REFERENCE TO THE HYPODERMIC METHOD.—As reported in *The Medical Record*, Dr. Herbert S. Carter read this paper before the New York Academy of Medicine. He called attention to the inadequacy of rectal feeding in many cases and asked how the nutritive equilibrium could be kept up more satisfactorily than by this means. After reviewing the important contributions to the subject, and the literature on this subject was very scant, he referred to experiments made on dogs with injections of certain agents of nutritive value, and said that he did not think it was

unreasonable to believe that the application of the same method might be used with benefit on man.

VACCINATION AGAINST PLAGUE.—In a report of the proceedings of the American Society of Tropical Medicine *The New York Medical Journal* says: Dr. C. P. Emerson, of Baltimore, read this paper by Dr. Richard P. Strong, of Manila. He described the treatment of persons exposed to plague by the injection of attenuated living cultures of the *Bacillus pestis*. He had vaccinated two hundred persons. There was no severe reaction. There was a little induration and redness, with soreness on pressure, at the point of inoculation. There had been no serious results so far. The examination of tissues from apes after the inoculations showed the presence of the organisms in the tissues. The bacilli evidently reproduced for a time and then died off. Vaccination should be done only when the operator could guarantee the organism to have lost all virulence. The stability of the virulence of the *Bacillus pestis* necessitated the greatest precautions and repeated testing on guinea pigs. A higher degree of immunity was obtained by this method than by any other.

Dr. William H. Welch, of Baltimore, said that there was no instance of substantial protection from disease by the injection of killed organisms. It was only by the injection of living cultures that we could expect to get the best results in protective vaccination. The vaccination against smallpox, anthrax, rinderpest, and tuberculosis in cattle was all done with living organisms. There seemed to be little hope in the direction of vaccination with killed organisms.

THE TRANSPLANTATION OF FORMALDEHYDE-FIXED BLOOD-VESSELS.—*The Medical Record* in an editorial says: The striking and epoch-making experiments of Carrel have opened up a new field of surgical endeavor, the far-reaching results of which are hardly appreciated by the casual observer. The demonstration of the successful suture of blood-vessels has brought within the range of possibility, if not immediate probability, not only the cure of aneurysm by extirpation of the dilated portion of the vessel and its replacement by a segment of a vessel from one of the lower animals or by a diversion of the blood stream through a neighboring artery or vein, but even the transplantation of an entire organ to serve in the place of one rendered useless by disease. A recent experiment of Dr. C. C. Guthrie, of St. Louis, reported in *Science* of March 20, has shown that it is not even necessary to use a fresh vessel

for successful implantation. He removed a segment of the vena cava of a dog and kept it in a 2.5 per cent. formalin solution (in 0.9 per cent. sodium chloride solution) for sixty days. He then cut a segment 0.75 cm. in length from the common carotid of another dog and filled the gap with this formalin-fixed vena cava. Three weeks later he examined the artery and found the segment in place, somewhat elongated and of smaller diameter; it pulsated strongly and the circulation through it was perfect. Before being sutured to the artery, the vein was removed from the formalin solution, washed in dilute ammonia, dehydrated in absolute alcohol, and impregnated with paraffin oil.

MODERN METHODS OF TREATING INFECTIVE CONDITIONS OF THE THROAT.—*The Medical Record*, in an abstract of a paper in *The Lancet*, says: Meredith Young has undertaken a series of experiments to observe the respective values of gargling, douching, swabbing, use of troches, etc., in combating septic conditions in the mouth. He has made cultures before and after the employment of these various methods from throats seen in connection with scarlet fever, diphtheria, hospital sore-throat, etc. His results go to show that for throat disinfection gargling possesses no advantages but rather several disadvantages. It is merely a flushing process at best and sterile water is doubtless as efficient as are many of the gargles used. Douching properly done is useful but is hardly adapted for anything except hospital service owing to the difficulty of performing it and the dangers of it when improperly done. Spraying is little better than gargling. Gratifying results were obtained in Young's observations by the use of medicated lozenges. The best method proved to be swabbing. The author says that to secure the best results with this method the patient should be placed with the head well back over a pillow in pretty much the same position as for removal of adenoids so as to prevent any liquid from the swab going into the larynx. The swabs should be nearly as large as a walnut and can be made of absorbent cotton or wool securely fastened in an ordinary sponge holder. They should be firmly and rapidly passed over the fauces with a rotary motion and if possible thrust up into the nasopharynx, at least three or four swabs being used at each attempt. A very useful combination for using on the swab is the one so common in otological practice, boric acid one ounce, rectified spirits two and one-half ounces, and pure glycerine eight ounces. After swabbing the fauces once with this and then with sterile water the bacterial flora of the anterior pillars was reduced to twenty-five total colonies and there was an entire absence of staphylococci and streptococci.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

THE ASSOCIATION OF NURSING SUPERINTENDENTS OF INDIA

THE report of the above association for 1907 has been sent in by Miss J. W. Thorpe, care of St. Catherine's Hospital, Cawnpore, and is full of interest. It begins by giving the list of members, among whom we find Miss A. R. Creighton, of the Illinois Training School, superintendent of nursing in the Victoria Hospital, Benares; Miss K. Fahs, of the University of Pennsylvania Hospital, holding a similar position in the A. E. L. Union Hospital, Guntur; Mrs. Klosz, of the Johns Hopkins, at Akola; Miss E. C. Morrison, of the Victoria General Hospital, Halifax, Canada, as superintendent of a nurses' training school in the Hoyte Memorial Hospital at Jhansi; Miss Thomson, of the Toronto General Hospital, Canada, superintendent of nursing in the Mission Hospital at Indore, together with a number of English nurses, from some of the most noted schools in Great Britain. The membership, in all, numbers twenty-six superintendents of nursing in India. As the meeting was the first conference since 1905, the constitution and bylaws drawn up at that time were discussed and accepted. Of the former, Article II as passed reads:

The object of this Association shall be to elevate nursing education by obtaining a better class of candidates, by raising the standard of training and striving to bring about a more uniform system of education, examination and certification, for trained nurses, both Indian and European.

Active members are superintendents of nurses holding certificates of any recognized training school. In considering the question of women who were trained in India, it was agreed that Indian hospitals, to be recognized, must have a superintendent holding a certificate from a recognized school in the home country and must give its pupils three years of training.

Associate members are nurses holding hospital positions such as sister of ward, etc. The suggestion was made, that, as the number of private duty nurses in India is constantly increasing an attempt should be made to form an association for them.

The necessity for a good nursing journal for India, to be managed by nurses, was put before the conference. Most of those present admitted the need, and the possibility of having in connection with it a register of all trained nurses in India was discussed. The conference appointed Misses Lippett and Thorpe to report on this at the next annual meeting. It was agreed upon that the next meeting should be held in Bombay, on the second Thursday in December, 1908.

The address of the president, and report of the secretary-treasurer, are full of interest, and sound strangely familiar, as the identity of their problems with ours is plainly manifest, and especially that of the difficulties involved in organizing in a country of vast extent. We extend our cordial and sympathetic greetings to our comrades in India, and wish them success in all their undertakings. When their association of nurses is formed and affiliated with them on the pattern of England and America, there will be a national society of nurses in India which we shall hope to see enter the International Council.

THE NATIONAL CONGRESS OF ITALIAN WOMEN

FROM Miss Baxter in Italy has come a most inspiring account of the First National Congress of Italian Women which met in April in Rome. It was attended by over one thousand women, of all classes and parties, with the queen herself present at the opening meeting. As everyone knows, though working women in Italy suffer from retarded progress, there has always been a brilliant galaxy of intellectual, learned, and thoughtful women in Italy, since the earliest times in history; and it is these women who have now been discussing in public all the modern problems that affect women, under the heads of "Education and Instruction," "Philanthropy," "Law," "Literature and Art," "Hygiene," "Emigration," "Suffrage," and related topics.

Among others, the nursing question came up. The chief speaker was Signora Sciamanna, of Rome, not a trained nurse, but greatly interested in hospital and nursing reform. She stated the case for Italy and explained the low status of the *infermiere* or servant attendants in Italian hospitals by their want of education, low wages, long hours, immoral tendencies, and lack of discipline in hospitals. (We would place first, however, the fact that men are in absolute control and that refined women are allowed no authority in the large Italian hospitals.) Signora Sciamanna illustrated her remarks by citing the case of an attendant who was found reading an immoral book while she gave oxygen to a dying patient, and was so absorbed in its pages that she did not notice when the patient ceased to breathe! She described English

nursing standards and proposed the following motions: That schools of nursing for refined women be annexed to the hospitals: That the nurse's future be secured by insurance against ill-health and by pensions: That no nurse shall be allowed to belong to a league or federation, in order to avoid the possibility of strikes. (This, which sounds so strangely to us, means that the poor downtrodden servant nurses of the large hospitals have in recent years formed unions and resorted to strikes in order to improve their wretched economic conditions. Signora Sciamanna's imperfect knowledge of real nursing development is plainly evident in this curious proposal.)

Professor Mengarini—a woman—spoke also on the nursing question, but also with little knowledge; and Signora Moraldi very rightly objected, in the name of liberty, to the motion of Signora Sciamanna forbidding the formation of leagues or associations of nurses.

Professor Labriola agreed that nurses should not be forbidden to form leagues but that strikes must be forbidden. A resolution was then presented by Signora Dacher as follows:

The Woman's Congress asks that there may be *one* educational program for all Italian nurses, to be approved by competent authorities, and that no one be allowed to exercise the profession who does not possess the diploma. Admission of candidates to be regulated by the same formalities in use in other professional schools. The stipend of female nurses to be equal to that of men.

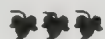
Under the section of "Law," the questions of prostitution, protection of minors, regulation of the white slave traffic, and the single moral standard were treated with great courage, dignity, and intellectual ability. Dr. Mengarini would have it obligatory for medical men to tell the truth in cases of venereal disease, and said "women should no longer suffer in silence the infections given them by men who were without conscience or morals." Professor Toa proposed that syphilis be included among the diseases which must be reported to the Public Health Boards, and Professor Caruso insisted on the need for education in matters of sex.

Italy is awakening to the value and importance of her women. We congratulate them all; but we are sorry that the nursing problems were not stated by Miss Baxter, Miss Turton, and Signora Celli, all of whom are trained nurses. Apparently these women, who have done so much work, did not talk.

VICTORY FOR BRITISH NURSES

As we go to press word comes that the British House of Lords rejected the Directory Bill of Mr. Sedney Holland by a vote of 53 to 20, on the ground of its injustice to nurses.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

THE NATIONAL SEAL FOR VISITING NURSE ASSOCIATIONS *

BY ISABEL WETMORE LOWMAN
Cleveland, Ohio

THE three casts for a seal sent by the Visiting Nurse Association of Cleveland represent progressive stages of development in visiting nurse work.

Curiously enough this history of evolution by means of plastic figures was made unintentionally by a sculptor to whom we explained the nature of visiting nurse work, and to whom we furnished several texts and legends.

On first trial he felt that nothing could suggest the nature of our activities as well as a poor sick person in bed. This person as you see is in a poor home, but the nurse who stands near her has managed to create order about her bedside and is standing near her protectingly and with a certain benignancy of attitude.

After the sculptor had thought a little more seriously on the subject and had talked a little longer with our committee, he felt that a case of severe illness in a poor home, with a skilled and kindly nurse in charge, was not rich enough in suggestion to represent adequately the work of a visiting nurse association.

In this second sketch he was therefore led to portray a strong, capable personality entering with resolute and purposeful intent into a situation which shows in every line the need of a wise and helpful interference.

The sick person in the second cast is huddled weakly to the wall, and seems to have succumbed not simply to bodily pain but to all the facts of life that press upon her.

The nurse who enters at the door comes in response to the call of physical suffering, but she is prepared to meet and to do battle with many adverse circumstances that threaten her patient.

We felt this to be very good, but we asked ourselves if inspiration had not still kept back a part.

* Read at the Visiting Nurse Conference in Chicago, April 25.

The sculptor tried still another time and produced the cast which seems to our committee completely satisfying. Besides having the beautiful sculptural lines which so well befit a seal or medal, it embodies the soul of our purpose. We go among the people not only to care for their bodily ills, which are transient, but to help readjust their lives which are disorganized by sickness and loss of courage. And while the nurse labors faithfully and lovingly with the poor to adjust these problems which sometimes seem almost impossible of solution she becomes in a very real sense their friend. She is the fulfilment of a desire for a wise friend in one's midst in times of trouble. In the closeness and realness of her relationship to the poor and to their misfortunes she becomes a power for good, and she implants in their hearts that desire for better things, which is indeed for them a beginning of new growth and life. The nurse comes to the house to care for the suffering body of one of its inmates and she goes from the home acquainted with its sorrows, perplexed by its troubles, bewildered by its problems. She returns again and again until she succeeds in extricating the family from the evils and dangers with which sickness and poverty have enmeshed its members; she gives back to them not only their health and their chance for usefulness, but creates in them new desires for the better things they have seen working in their behalf.

To desire something a little better is to strive for something a little better, and striving means growing.

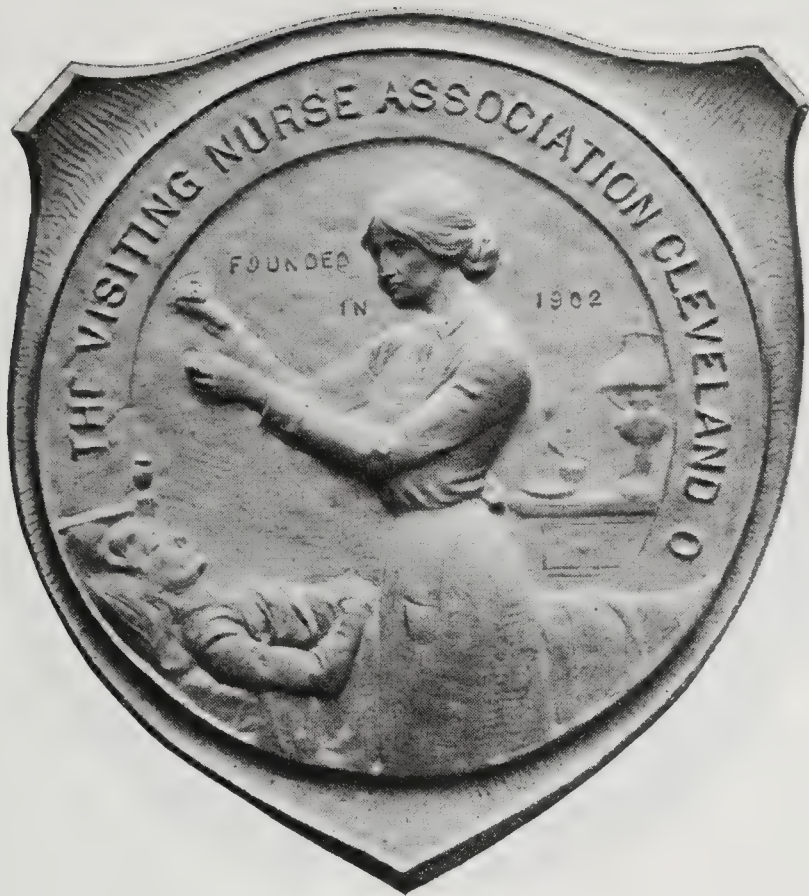
The visiting nurse seems to us to come in closest and tenderest touch with the human need and if she fills this need faithfully she will in filling it create a desire for better things. She is at once the fulfilment of desire and the quickener of desire.

"When the desire cometh it is a tree of life." The full expression of the thought is from Proverbs, Chapter XIII, Verse XII, "Hope deferred maketh the heart sick; but when the desire cometh it is a tree of life."

We feel that in this third cast Mr. Matzan, the artist, has embodied the ideal toward which we are striving. Not alone the lives of the poor, but their Life becomes precious to us in proportion to the closeness and reality of our contact with them.

The committee begs that you give this allegorical presentation of the subject careful consideration, and that you will receive it with sympathy.

EVERY one interested in visiting nurse work must feel that Mrs. Lowman's effort to present a suggestion of a seal appropriate to our





Copyright applied for.

work is most timely. She says, "The third picture embodies the soul of our purpose, in that it will stand the test of the future." The real purpose of our work is to make physical distress less prominent, and create a permanent desire for a better and more wholesome life. The editor will be glad to hear personally from all associations in reference to this design.—ED.

CONFERENCE ITEMS

MRS. HAMPTON ROBB and Miss Fulmer were appointed a committee to confer with other associations in reference to the designs for a National Seal, as submitted by the Cleveland Association.

THE following prominent women interested in Visiting Nurse work were in attendance at the Conference in Chicago:

Miss Goodrich, superintendent of Bellevue Hospital, New York.

Mrs. Hampton Robb, Cleveland, Ohio.

Mrs. L. A. Gretter, Detroit, Mich.

Miss Damer, New York City, N. Y.

Miss Leet, Cleveland, Ohio.

Mrs. Quintard, Philadelphia, Pa.

Miss Gardner, Providence, Rhode Island.

Miss VanCleft, Lakeville, Connecticut.

A dark blue pennant with the letters, "V. N. A. of U. S. A." in white, was given to the nurse who came the greatest distance. It was awarded Miss Gardner, of Providence, Rhode Island.

The entire report of the Conference may be obtained in June from the editor of this department, 79 Dearborn Street, Chicago.

THE following letter was sent to Miss Nightingale from the Visiting Nurse Conference, in Chicago, April 25th, and signed in Chicago by one hundred and eight visiting nurses:

Miss Florence Nightingale,

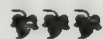
Dear Miss Nightingale:

District Nurses in America are to-day holding their first Conference. Informal as it is, we feel that you will care to have our greeting at this time. We hope the same spirit which pervaded your beloved work at Kaiserworth, has been handed down to us through all the years, and that the inspiration which came to you there, is resulting year after year in giving better care to the sick in the homes of the poor.

With our warmest greeting, we are,

Very faithfully yours,

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I have been reading all sorts of articles good, bad, and indifferent in THE AMERICAN JOURNAL OF NURSING and I have grown weary of the complaints and long for a good word for the nurse. Who are we that we should sit in judgment on a sister nurse? That we should listen to the criticism of a patient who has discharged a nurse? We all know that we are not infallable, neither is the patient. Why are none of the nurse's good deeds published? We leave all the good to be said by our lawyers and clergymen who declare the trained nurse to be "the noblest woman God ever made." The article written by M. G. N. of Boston grieved me and I feel I must plead for the private nurse. I do not think that nurses with individuality and ability always leave the field of private nursing. Some of the best and brightest nurses I know are doing private duty, and doing it well. Who if not she, should have ability? She who is to live day after day in the family with refined cultured people?

The private nurse is the "power behind the throne," she it is who by the payment of her dues in the Alumnæ Association enables the association to send a delegate to our state and national meetings, the delegate is invariably chosen from the list of those holding institution positions, the private nurse being too busy and too uncertain to attend, thus the nurse sent keeps in touch with current events of the nursing world and that is one reason why we so seldom hear from the private nurse through the JOURNAL. She is busy, and right here I want to say I think there is something decidedly wrong with the nurse who is not as busy as she would like to be; if she is giving her best,—the best will surely come back to her. I cannot understand why a nurse should object to cap or apron. Although I seldom wear either I feel that I may have the honor of wearing them if I choose, and am perfectly willing to at the request of either hospital superintendent or my patient. While I admire sincerely many women holding institution positions I have never found that it makes them broader, better women, it often ruins the sweetness of character and disposition.

Here's to the happy, wholesome human nurse, who is first of all,
a womanly woman.

L. B. M.

DEAR EDITOR: In reply to a letter published in April number entitled, "What Should the Nurses Do?" and signed M. B. B., R.N., I would like to state that I have had several cases when I think I felt a good deal as this nurse does; but must say that I have always, after six years of continuous work, found it the wisest plan to follow my physician's orders to the letter, without regard to what I may think. I find that a great many physicians do not always tell me all that they know about a case, and in every case he is doing his duty as he sees it, and I believe that a nurse should never overstep her place, which is to nurse and care for her patient as the doctor sees fit to prescribe. She is not responsible for the case, but the physician in charge is. Do your duty always and you will find that your patient's people will be satisfied and your physician will trust you more than ever before.

I have nursed in all classes, in the city and in the country, and I know the trials and hardships that one many times finds, but I find that loyalty to my physicians and to my God has brought me rich blessings and a clear conscience and many friends.

I talked with one of our most prominent physicians here on this letter, and he states that a nurse should always do her duty and stay with her patient and nurse as she is not the doctor and does not know what is the patient's ailment, and also does not know the dose that a patient may need. A dose, he states, is not a given amount, but the amount required to get the desired result.

C. C. R.

DEAR EDITOR: After boarding for three years with friends, I have gone back to housekeeping, and am glad to have my own home again. It seems to me if more of the nurses would do it, instead of putting up with things in a boarding-house or even clubs, a great deal of this dissatisfaction would cease. I am alone, with my beautiful collie dog—the best of company—but if two or three would take a little apartment and have a home and make it a home! I don't believe in a lot of nurses living together, they gossip, they wrangle, they don't do anything "worth while." They don't need to make hard work of it, but even then a change of work is a rest. To cook just what I want to eat, to have company or be alone. Financially it is no more, and the gathering together of your household goods is a never ending delight to me. I have had the most of my furniture made at a cabinet-maker's, then designed, cut and burned it in, and it makes things so much more your very own.

Forgive this personal effusion, but after the terrible personal experience I have gone through with, I am so happy at being in my own home again that I want to say to all nurses, "go thou and do likewise."

G. M. P.

DEAR EDITOR: You have kindly helped us in the past in calling attention to the need for nurses in connection with our mission work in the far East and elsewhere. We have just received a cable from Bishop Brent in the Philippines, asking that two nurses be sent out as early as possible, certainly not later than the middle of September, to take posts in the University Hospital in Manila. The institution at the present time has capacity for about thirty patients, but plans for enlargement will be carried through as soon as the needed funds are in hand. The hospital's work is done among American residents as well as on behalf of the Filipinos. If any of your readers would be willing to consider undertaking work of this kind I will supply particulars. In general I may say for the guidance of possible volunteers that only members of the Protestant Episcopal Church, or the Church of England, or the Church of England in Canada could be appointed; that a good degree of professional skill, good health, and ability to acquire a foreign language are essential qualifications.

JOHN W. WOOD,
Corresponding Secretary,
281 Fourth Avenue, New York.

DEAR EDITOR: In a house of eight nurses I am the only subscriber to *Our JOURNAL*, yet when my *JOURNAL* arrives they do not hesitate to slip it out of its wrapper, read it and return it back again. Is there no way of enclosing it so it could not be taken out. Perhaps if this could be done we would have more subscribers.

SUBSCRIBER.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

VIRGINIA

THE next annual meeting of the Graduate Nurses' Association of Virginia will be held in the Masonic Temple at Danville, Virginia, on the 8th, 9th and 10th of June. The Hotel Burton will be the headquarters of the nurses.

The opening session will be held the night of Monday, June 8th and will be attended by all those interested in the meeting. After the addresses of welcome, responses, etc., there will be a paper on "The Student Volunteer Movement" by one of the secretaries from New York City, which will be followed by discussions of the subject by the Rev. W. E. Laid, D.D., pastor of the First Presbyterian Church of Danville, Miss Evelyn Brydon, R.N., and others.

Tuesday morning, June 9th, will be the first business session with registration, payment of dues, reports of secretary and treasurer, and committees. After the routine business there will be papers on "The Graduate Nurse and her Alumnæ," and "The Hospital Economics Course, at Teachers College, Columbia University, New York," followed by discussion.

The afternoon of Tuesday will be devoted to papers and reports of tuberculosis work, and discussions of this topic. On Wednesday the only paper will be "The Obligations of the Registered Nurse," to be followed by discussions, unfinished business and report of election of officers.

ELISABETH R. PRESTON COCKE, R.N., Secretary.

KENTUCKY

THE second annual meeting of the Kentucky State Association of Graduate Nurses will be held in Louisville, June 9, 10, 11, 1908. An interesting program is assured, and a large attendance is requested. Information concerning hotel accommodations, etc., may be obtained by addressing the Chairman of the Arrangement Committee, Miss Ella C. Francis, 420 West Saint Catherine Street, Louisville, Ky.

The Jefferson County Graduate Nurses' Club announces the opening of the Nurses' Central Directory on May 1, 1908. Registrar, Miss Katherine O'Connor, 606 West Breckenridge Street, Louisville, Kentucky. Telephones: Cumberland, South 1010; Home, 8922. The object of the directory will be: To give more efficient care to the sick; to provide physicians and the public with greater accommodation in securing nurses; to assist its members, and to promote the helpfulness of the nursing profession in general. The governing committee will be pleased to give further information upon request.

LAURA A. WILSON, Chairman,
Publication and Press Committee.

MINNESOTA

THE Minnesota State Board of Examiners of Nurses will hold its second examination at St. Luke's Hospital, St. Paul, Minnesota, on Friday, June 12, 1908, at nine o'clock.

Nurses who desire to take this examination must file their application with the secretary, Miss Helen Wadsworth, St. Luke's Hospital, St. Paul, Minnesota, on or before May 29, 1908. They will then be notified if application is approved.

NEW YORK

THE annual meeting of the New York State Nurses' Association will be held in Buffalo on Tuesday and Wednesday, October 20 and 21, 1908. The executive committee urges all members to make a special effort to attend this meeting. An interesting program is promised.

FRIDA L. HARTMAN, R.N., Secretary.

HOSPITAL ECONOMICS, TEACHERS COLLEGE

As the school year draws to its close, most of us, both teachers and students, feel that we heartily wish it were just beginning, and are echoing Cecil Rhodes' last words, "So much to do, so little done." The school year, of little more than eight months, seems very short in comparison with the hospital year of nearly twelve, and there is so much here that is new in ways of living, working and thinking presented to the student fresh from hospital or training school that we cannot wonder when one year seems an entirely inadequate period for covering in any satisfactory way the field which opens before her.

The second year of instruction which was opened up at the request of the students is being steadily developed, and now offers opportunities on the one hand for further preparation in Training School Work, and on the other for a study of Hospital Organization and Management.

Two new courses were offered this year, one on Institutional Dietaries, and another on Hospital Laundries, and we hope to arrange during the coming year for a very practical course on buying.

The entire course of lectures and classes relating strictly to hospital and training school work has been reconstructed, covering the two years, and is given below.

We cannot of course depend upon our visiting lecturers to carry out any such comprehensive scheme of study as is here outlined, which should be systematically carried on throughout the year, and in which all details must be thoroughly and carefully handled. In the future most of the work must be done by the regular members of the staff, but we have the promise from the visiting lecturers who have come year after year, often at considerable cost and inconvenience, and have given so generously the results of their experience, that we may still count upon them for special lectures, even if they cannot continue to give an entire series. The students have greatly enjoyed both hearing and meeting the lecturers.

The matter of expense for board, lodging and tuition is one to which nurses are entirely unaccustomed, but here, in common with the thousand or more other students who are preparing themselves for teaching, they must expect to spend from five to six hundred dollars, at least, a year.

For nurses who desire to enter the College for this course, and find the question of expense standing in the way, we would suggest that something in the way of a scholarship, or loan, might be offered, either by an *alumnæ* association, state society, or even perhaps by the board of managers or trustees of a hospital. One of our prominent hospitals is this year awarding a liberal scholarship to a student to take the course here. At the last meeting of the American Society of Superintendents of Training Schools, held in Cincinnati, it was decided to offer such a scholarship, of which special notice will be found in another column.

HOSPITAL ECONOMICS, 1908-1909

EDUCATION 73-74—THEORY AND PRACTICE OF TEACHING IN TRAINING SCHOOL FOR NURSES.—Lectures, observation and practical work. 4 points. Professor NUTTING and assistants.

W., 1-3 (first half-year); second half-year must be arranged with instructor.

This course considers the place which nursing occupies in education,—the relation of the training school to the hospital and to the community, the general problem of training school management, the organization of the school, equipment and apparatus; the qualifications, personality, and training of the superintendent and teachers; the planning and arrangement of courses of study in class-room and wards; records, examinations and tests, grading and promotions.

In the second half-year this course takes up methods of teaching in training schools, and provides opportunity for practical application of these methods.

Prerequisite: Education A or 19-20.

EDUCATION 75-76—TRAINING SCHOOL ADMINISTRATION (advanced course).—Conferences and practical work. 4 points. Professor NUTTING, and special lecturers.

Hours to be arranged.

This course takes up in detail the various subjects included in the training school curriculum, discusses preparatory courses of study; methods of teaching practical work; arrangement of work for post-graduate students; special studies of social movements; courses of reading; school clubs, societies and journals; scholarships and loan funds; the *alumnæ*; the teaching of professional ethics.

HOSPITAL ECONOMICS 1-2—THE HISTORY AND FUNCTION OF HOSPITALS.—Lectures, conferences, and excursions. 4 points. Miss DOCK, Miss GOODRICH, and special lecturers.

F. at 2.

This course deals with hospitals as charitable and educational foundations. It studies their history and development, and considers the various modern types—municipal and private, large and small—the planning and construction of the various hospital buildings, with general outline of arrangement and equipment, occupying the first half-year.

The second half-year takes up the problems of hospital organization and administration,—the trustees, the patients, the superintendent and staff of officers, the medical staff, the training school and medical school, their relation to the hospital; departments, their organization and management, the budget, appropriations and expenditures, methods of purchasing, distribution of supplies, service and salaries, inventories and stock-taking.

HOSPITAL ECONOMICS 3-4—HOSPITAL ORGANIZATION AND ADMINISTRATION.—

Lectures, conferences and excursions. 4 points. Professor NUTTING, Dr. ARMSTRONG, and special lecturers.

W., 3-5.

This course deals in detail with the various hospital departments: the office, its system of record-keeping and accounts; the wards, free and private, their furnishing, equipment, service and management; the purveyor, the kitchen and accessories; the purchasing, storage and distribution of food; dietaries; the matron or housekeeper; linen and domestic supplies, their purchase, distribution and use; the laundry, equipment, methods of work; the pharmacy, cost of drugs, their care and use; surgical supplies, methods of purchasing, preparing and distributing; economy and waste.

HOSPITAL ECONOMICS 5-6—HOSPITAL ORGANIZATION AND ADMINISTRATION (advanced course)—Conferences and laboratory work.

10 points.

This course offers, to a limited number of students, an opportunity in a large general hospital, for observation and study of the problems of administration, and for certain practical work in the various departments, such as linen-rooms, laundry, kitchens, store-rooms and supply-rooms.

A special circular of the department may be had on application to the secretary of the college.

REPORT OF HOSPITAL ECONOMICS FUND

Previously acknowledged	\$7157.20
Through Miss Davids:	
Bellevue Alumnae	\$100.00
Bellevue Alumnae Registry.....	250.00
Children's Hospital Alumnae, San Francisco.....	25.00
Graduate Nurses' Association of Indiana.....	100.00
Graduate Nurses' Association of New Hampshire.....	100.00
Maine General Hospital Alumnae Association.....	50.00
Nurses of Colorado.....	49.10
Miss Mary Sweeny.....	10.00
Miss Frida Hartman.....	3.00
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	687.10
Union Protestant Hospital Alumnae, Baltimore.....	25.00
Presbyterian Hospital Alumnae.....	200.00
Rhode Island Hospital Alumnae.....	50.00
Miss Katharine Newman.....	25.00
The Misses Corey.....	10.00
Miss Cameron	5.00
Miss Mary Samuel.....	5.00
Miss J. S. Cottle.....	4.00
	<hr/>
	\$8168.30
For current expenses:	
Miss Grace Dodge.....	\$100.00

May 14, 1908.

ADELAIDE NUTTING,
Chairman of Finance Committee.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS

THE Fourteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses was held at the Hotel Sinton, Cincinnati, Ohio, April 22, 23 and 24, 1908.

The first session was called to order by the president, Miss Mary Hamer Greenwood, at eleven A.M. on Wednesday, April 22nd.

The invocation by Rev. Frank H. Nelson, rector of Christ Church, was followed by most cordial greetings by the Mayor of Cincinnati, the Hon. Leopold Markbreit, by the President of the Ohio State Medical Association, Dr. Charles L. Bonifield, and by Miss Annie Laws, President of the Ohio State Federation of Woman's Clubs.

The president then read her address, after which there was a brief recess. For the Council, the secretary reported seven resignations, two forfeited memberships for non-payment of dues, and twenty-four applications for membership were recommended for election. Invitations for the next convention had been received from Boston, Atlantic City, Toronto, New Orleans, and Texas. The treasurer's report was then read and accepted.

In her report as chairman of the Committee on Legislation, Miss Palmer laid special stress on the lack of uniformity in methods of teaching in the schools, as shown in the State Board examination papers. There was interesting discussion of this report and it was afterwards referred to a committee.

A letter was then read from Miss Dock regretting her absence and extending an invitation to the regular business session of the International Council of Nurses next summer. The question of delegates was deferred to the next convention which will be in New York City, where it is expected that the Federation of Nurses will meet in 1909.

Miss Goodrich, the chairman, read the annual report of the Committee on Hospital Economics. It was stated that the graduates of this course now number over fifty, and with this report will be published their names, and the positions they are at present occupying. The announcement for next year offers a curriculum of which we may well be proud. I think we may safely assert to-day that there can only be one excuse for our women not being properly prepared to fill institutional positions, and that is the necessary income to meet the expense of further preparation. After discussion, it was moved and carried that the Society give a scholarship to the Hospital Economics Course for the coming year. It was thought possible that the different training schools might be able to secure scholarships through their own institutions.

A letter was read from Miss Samuel, secretary of the directors of THE AMERICAN JOURNAL OF NURSING COMPANY, stating that the board no longer saw its way clear to devote an entire number of the magazine to the report of the annual convention of the Society of Superintendents. The members approved of this decision in as much as the society publishes a full report of its proceedings, and it realizes that matter of more interest to the readers of the JOURNAL has been excluded in the number formerly given up to it.

Mrs. Kinney, who last year was appointed chairman of a committee to present to the Civil Service Commission the society's protest against the acceptance of women who might pass a theoretical examination but who are not

graduates of hospitals, reported that the Chief of the Civil Service. Examiners admitted the justice of our objection, and suggested that our society address a communication to the Civil Service Commission inviting attention to the existing abuse, and setting forth in full the reasons why the society thought that this should be corrected, recommending at the same time such changes in the Civil Service regulations as would debar insufficiently trained women from admission to civil service examinations. The committee suggested that the situation might be met by requiring that all nurses to be eligible for civil service examinations or positions should have had at least a course requiring two years' residence in a hospital of the number of beds to be decided upon by the society. Mrs. Kinney's report was accepted, and further action was referred to her committee.

The president announced the nominating committee and the meeting adjourned.

The afternoon session was opened with a paper by Miss Anna L. Alline, New York State Inspector of Training Schools, on "The Work of Dietitians in Schools for Nurses," a valuable and practical contribution which should prove most useful to those interested in establishing and maintaining this important branch of training school work.

Miss Florence R. Corbett, Dietitian of the Department of Public Charities of the City of New York, then read an able, thoughtful and illuminating paper on her work. Questions and discussion followed both these papers, indicating that the members were giving much thought to the subject in their hospitals and schools.

The third subject of the afternoon was a statistical report from twelve municipal hospitals as to what service and teaching is offered to pupil nurses, by Miss Jane M. Pindell, of the New York City Training School for Nurses. She stated that they received private patients, therefore the objection that nurses were not sufficiently trained for private duty was gradually being overcome. More attention is also given to special case nursing.

After an interesting business session on Thursday morning, the meeting adjourned until evening, when Miss A. M. Lawson, superintendent of the Akron City Hospital, whose experience in the planning of a hospital has been most unique and valuable, read a paper on "To What Extent May the Experience of Nurses be Useful in the Planning of Hospital Buildings?" Miss Lawson cited instances of unpractical planning with which all who work in hospitals are more or less familiar, and she adds: "I am confident that just as soon as hospital boards can be made to realize the value of a nurse's practical experience, no building committee will be complete without numbering the superintendent of the hospital or training school among its members." Miss Lawson exhibited photographs of the Akron Hospital, which is said to be a model of its kind.

Dr. C. R. Holmes, Chairman of the Commission of the new City Hospital in Cincinnati, then gave a most interesting talk with stereopticon illustration of a number of new and important hospitals in other cities and countries, and then of the proposed municipal hospital in Cincinnati. Dr. Holmes having travelled extensively and spent much time in the study of hospitals, these plans are the result of his investigation. Animated discussion of many details in connection with hospital construction followed Dr. Holmes' lecture, and a rising vote of thanks was offered at the close of the session.

On Friday morning, by vote of the Council, Dr. Margaret Bigelow, of the Ohio Woman Suffrage Association, was granted the privilege of the floor for ten minutes.

In the absence of Sister Amy of the Children's Hospital, Boston, her paper was read by the secretary. Sister Amy believes that the ideal way to begin a nurse's education is with the nursing of sick children. The tremendous value of acute habits of observation, studying the patient from the objective instead of the subjective side; the necessary patience, gentleness and tact which must be acquired in the first year of training, are inestimable. She speaks of the perfect detail necessary in orthopedic work and of the nursing of some special diseases.

Dr. Lucy Bannister then read a paper on "A New Field—The Nurse's Opportunity in Factory Work, with a Brief Outline of Medico-Nursing Relief Work in the Westinghouse Lamp Factory."

Dr. Bannister's enthusiasm infected the members present, lively discussion followed, other manufactories, who employ trained nurses in a similar capacity were cited, and upon motion a committee was appointed to represent the society in helping to further the work so interestingly described by Dr. Bannister.

The president-elect, Mrs. Isabel Hampton Robb, was here introduced. The society is to be congratulated for having persuaded Mrs. Robb to accept an honor which it has long wished to confer upon its founder.

Hearty votes of thanks followed Mrs. Robb's graceful acceptance of the office, and the retiring president received special acknowledgment of her indefatigable work for the success of the convention.

The society was delightfully entertained by the nurses of the city and state, by the Hospitality Committee, with Miss Anna Laws as chairman, and by the Domestic Science Department of the Woman's Club, Mrs. Montfort, chairman when addresses were made by Miss Greenwood, Miss Nutting and Mrs. Robb.

The following officers were elected: President, Mrs. Isabel Hampton Robb, 702 Rose Building, Cleveland, Ohio; vice-president, Miss Mary Hamer Greenwood, The Jewish Hospital, Cincinnati, Ohio; second vice-president, Miss Martha M. Russell, Sloane Maternity Hospital, New York; secretary, Miss Georgia M. Nevins, Garfield Memorial Hospital, Washington, District of Columbia; treasurer, Miss Anna L. Alline, 132 Lancaster Street, Albany, New York; councillors: Miss Sara E. Parsons, Sheppard and Enoch Pratt Hospital, Baltimore, Maryland; Miss Anna M. Lawson, City Hospital, Akron, Ohio; auditor, Miss Helen Scott Hay, Cook County Hospital, Chicago, Illinois.

GEORGIA M. NEVINS, Secretary.

STATE MEETINGS

CONNECTICUT.—The Graduate Nurses' Association of Connecticut held its fifth annual meeting in Christ Church, Bridgeport, on Wednesday, May 6, 1908.

Miss Albaugh, the president, opened the meeting and introduced Rev. E. J. Craft, who invoked the divine blessing and spoke a few well chosen words to the nurses.

The president, in her annual address, reviewed the work of the association for the past year and also the work of the Board of Examination and Registration.

The reports of the secretary, treasurer and chairman of the membership committee were read and adopted.

The report of the membership committee did not show an increase in membership and this led to a lively discussion on ways and means of bringing more nurses into the association and getting them interested in the work.

It is the desire of the association to have an inspection of training schools, who would work towards having a uniform curriculum for all training schools in the state, but the funds are lacking. A special fund was started for the purpose of establishing an inspector, and it is hoped that it will grow apace.

Officers for the ensuing year were elected as follows: President, Miss M. J. Wilkinson, Hartford; first vice-president, Mrs. I. A. Wilcox, Pine Meadow; second vice-president, Miss E. A. Somers, Waterbury; recording secretary, Miss Elizabeth Gallagher, Danbury; corresponding secretary, Mrs. E. B. Lockwood, Granby; treasurer, Miss Rose M. Heavren, New Haven; chairmen of the standing committees: ways and means, Miss R. I. Albaugh, New Haven; printing, Miss Winnifred Alm, Bridgeport; membership, Miss Mary L. Bolton, Bridgeport.

The afternoon session was devoted to the reading of papers by members: "Training School Methods in the Eighties," by Mrs. Isabelle A. Wilcox; "Training School Methods of Ten Years Ago," by Miss Martha J. Wilkinson; "Training School Methods of the Present Day," by Miss Butler of Hartford. All the papers were exceedingly interesting, being largely records of personal experience, and were well received.

At the close of the meeting a reception was tendered those present by the Alumnae Association and a pleasant hour enjoyed, after which a visit was made to the Bridgeport Hospital.

J. M. CAMPBELL, Recording Secretary.

MISSOURI.—The semi-annual meeting of the Missouri State Nurses' Association was held April 15th and 16th at Ensworth Hospital, St. Joseph, Missouri. The number of members present was not large, but owing to the fifteen new members added and the enthusiasm it was decided that this was the very best meeting we had ever had. Miss Charlesworth, superintendent of Ensworth Hospital, is certainly a success. She by some means had almost the entire body of graduate nurses interested enough to attend the meeting. Drs. Wallace and Geiger made able addresses on Wednesday afternoon and on Thursday afternoon Dr. Porter and Dr. Elam gave most interesting talks. On both afternoons after the addresses the Bill for Registration and Examination for Nurses was read and discussed thoroughly. On Wednesday evening the visitors were beautifully entertained. A most enjoyable "get acquainted" banquet was given us. Thursday morning was spent visiting the hospitals, which included Hospital No. 2 for the Insane. Miss Eleanor Keely, superintendent of St. Luke's Hospital of Kansas City, was elected as our delegate to the meeting of the Associated Alumnae.

Dr. Elam says: "It is beyond question a fact that the profession of nursing by reason of its past chaotic and unorganized state, contains all kinds of individuals, graduated from all kinds of schools. Organization means that you will by reason of your combined strength be able to deepen and broaden the conception of your individual members, that you will be able to influence the preliminary requirements and course of study and training." All have felt this to be true

and it will be felt more and more. Organization cannot live except through the active interest of its membership. We must either advance or retrogress. There is no middle ground.

Our meeting closed Thursday afternoon and we all felt sorry that we must leave, but we are now looking forward to the annual meeting which is to be held in Kansas City in October.

ANNA B. ADAMS, Corresponding Secretary.

TEXAS.—The Graduate Nurses' Association of Texas met in Harmony Hall, San Antonio, Texas, April 20th at nine-thirty A.M. The meeting was called to order by the president, Miss Cottle of Fort Worth, Texas. There was an invocation by the Rev. Dr. Muzon, an address of welcome by Mr. Leonardo Garza in the name of the Mayor. The response was by Miss E. Louise Deitrich of El Paso. The president's address followed. Then a most valuable paper by Miss Clara L. Shackford, superintendent of the John Sealy Hospital, Galveston, on the subject, "What is a Trained Nurse?" In the absence of the secretary the roll was called and the minutes of the last meeting read by the treasurer, Miss McKnight of San Antonio. The treasurer's report following showed the association to be in a flourishing condition financially in spite of hard times.

Miss Cottle read a letter from the secretary of The American Society of Superintendents acknowledging our invitation to hold its next annual convention in Texas, promising to take the matter up at its next meeting. Miss Cottle next spoke of THE AMERICAN JOURNAL OF NURSING as a magazine that no nurse can afford to do without, and a number of subscriptions were handed in immediately. The meeting adjourned and went in a body to visit the historic old Alamo, where David Crockett and his brave men were slaughtered while fighting for the independence of Texas. Three business sessions were held afterwards. Miss E. Louise Deitrich of El Paso read a paper on, "The Uses and Abuses of the Uniform," which provoked much discussion. Two amendments were made to the constitution, combining the offices of secretary and treasurer with a small compensation allowed, and changing the voting by individuals to that of voting by delegates. Miss E. Louise Deitrich, of El Paso, was appointed as delegate to carry our application for membership to the meeting of the Associated Alumnæ in San Francisco.

Miss Elizabeth Baylor of San Antonio was chosen as delegate to attend the coming meeting of the Texas Medical Association to enlist the support of that body if possible in our work for State Registration.

Miss Cottle, of Fort Worth, was reëlected president; first vice-president, Miss Perkins, of Houston; second vice-president, Miss Finlayran, of El Paso; third vice-president, Miss Marr, of Dallas; secretary-treasurer, Miss McKnight, of San Antonio.

The next meeting is to be held in Austin, our state capital, the latter part of January, 1909, that we may endeavor to get our bill for registration before the state legislature.

After the meetings were over the San Antonio nurses and the associate members, who are the leading women of the city, gave the visiting nurses a reception which was attended by some two hundred ladies and gentlemen and gave the social note to the Convention.

MILDRED M. MCKNIGHT, Secretary and Treasurer.

MARYLAND.—The regular spring meeting of the Maryland State Association of Graduate Nurses was held April 18, 1908, at the Sheppard and Enoch Pratt Hospital, Towson, Maryland. In spite of the fact that the weather was very unpropitious and that the trip to the hospital takes an hour each way there were over fifty nurses present.

After the business meeting Miss Blackman, director of the school of Domestic Science, through which the nurses of some of the Maryland training schools get their course in dietetics, gave a most beautiful demonstration of the preparation of attractive dishes for invalids and convalescent patients. She showed a daintily arranged tray, described the preparation of different kinds of toast and displayed each kind; she showed baskets of toasted bread of different shapes, and prepared creamed chicken to serve in them; then there were attractive salads and the program was interspersed with helpful suggestions. The climax of the demonstration was the preparation and cooking by means of an alcohol lamp of an orange omelet.

After this feature of the meeting was finished the visitors were shown the very complete equipment of the hospital for giving hydrotherapy and electricity, and the splendid new kitchens, dining-rooms and nurses' apartments which the trustees have just completed. Between showers the visitors enjoyed the beautiful spacious grounds in their spring finery and before leaving were served with refreshments in the Casino.

AMY P. MILLER, R.N., Secretary.

COLORADO.—The State Board of Nurse Examiners held its annual meeting at the State Capital, Denver, on April 22, 23, 24 and 25, 1908. Miss Louie Croft Boyd was elected president and Miss Mary B. Eyre reelected secretary-treasurer for the coming year. Certificates of registration were issued to seventy-four nurses.

MASSACHUSETTS.—The Massachusetts State Nurses' Association has contributed two hundred and fifty dollars (\$250.00) toward the Chelsea relief fund.

REGULAR MEETINGS

COLORADO SPRINGS, COL.—The meeting of the Nurses' Registry Association was held on May 6th. Four new members, Miss Ducey, Miss Knight, Miss Deterer, and Miss Backofen were accepted on probation. After the necessary business was disposed of a reception was given in honor of the new and ex-officers of the association. Dainty refreshments were furnished by Miss Woodhull, and a game and prizes by Miss Marjeson. The coming year social meetings will be held every fourth month.

On the evening of May 13th the Misses Alice and Susan Harris, at their home 1120 Wood Avenue, gave a farewell dinner to Miss L. S. Woodhull, who leaves for her home at Port Jefferson, Long Island, for a year. Those present were, Miss Keyhoe, Mrs. Balkam, Miss Moore, Miss Swingle, and Mrs. Dean. Miss Woodhull has been a member of the association for five years and will be missed by many friends in Colorado Springs.

Miss Clara Keyhoe is again at her duties as superintendent of the registry after an absence of four months on account of illness in her family.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its regular monthly meeting Wednesday, May 13th, at the residence of Dr. Marion A. Mead, registrar, 1502 Third Avenue S.

In the absence of the president, Miss Edith P. Rommel, R.N., Miss C. M. Rankeillour, first vice-president, took the chair.

Following the business meeting Mr. E. G. Bassett, Parke, Davis & Company's representative, demonstrated the making of junket from their rennet tablets and served junket and strawberries to forty-six nurses from the Dutch kitchen.

As the nurses were leaving they were presented with flasks of lunch tablets sent by Horlick's Malted Milk Company, of Racine, Wisconsin. These neat souvenirs added greatly to the "nurses' jubilee" over the message received from Miss Rommel to the state, "We are to have the convention, 1909."

BROOKLYN, N. Y.—The Fair held by the graduate nurses of the Methodist Episcopal Hospital, Brooklyn, was a social and financial success. Many thanks are due the friends of the nurses outside the hospital for their help and generosity in an undertaking which means so much to busy nurses. About sixteen hundred dollars was added to the endowment fund after all expenses were paid.

NEW YORK.—At the annual meeting of the Alumnae Association of the Training School for Nurses of the New York Hospital, held April 8, 1908, the following officers were elected: President, Mrs. C. F. Twiss; vice-president, Miss Mary Agnes Smith; secretary, Miss Ada B. Stewart; corresponding secretary, Miss L. M. Wygant; treasurer, Miss Martha M. Russell; trustees, Miss Menler and Miss Strombom. Mrs. C. F. Twiss was sent as delegate to the National Alumnae Association at San Francisco, California.

BIRMINGHAM, ALA.—The regular monthly meeting of the Graduate Nurses' Association was held May 13th. There was a good attendance. A number of new nurses' names were presented for membership.

BROOKLYN, N. Y.—Kings County Alumnae has elected the following officers for the coming year: President, Miss Mary Birnie, 253 Garfield Place, Brooklyn; first vice-president, Miss Jennie Sheffield, 219 McDonough Street; second vice-president, Miss Marie O'Connor, Bradford Street Hospital; secretary, Miss Julia Donoghue, 181 Lexington Avenue, New York City; treasurer, Miss Ada Newbold, Coney Island Hospital.

PHILADELPHIA.—The Kensington Hospital for Women, 136 Diamond Street, Philadelphia, have recently formed a Nurses' Alumnae Association; so far there have been three meetings, held in the Nurses' Home at the hospital every third month. The association was organized with fourteen charter members; at the present time there are thirty-five members with the following officers: Honorary president, Miss Margaret Maloney; president, Miss Elizabeth Scanlan; vice-president, Miss Margaret Miller; secretary, Miss Elizabeth Kinder; treasurer, Miss Alice Craig.

FALL RIVER, MASS.—The regular monthly meeting of the Nurses' Alumnae Association was held at the Nurses' Home, May 6th.

As important questions concerning the contributions to the new Union Hospital were to be considered, the entire meeting was given up to the discussion of that business. There was a small attendance. Light refreshments were served.

DENVER, COLO.—The annual meeting of the Alumnae Association of the Colorado Training School for Nurses was held at the hospital on April 14th. The following officers were elected for the ensuing year: President, Miss L. Perrin; vice-president, Mrs. B. Durell; secretary, Mrs. E. Green; treasurer, Miss L. O'Neill; historian, Miss J. McAllaster. Miss Fowler, the retiring president and superintendent of nurses at the hospital, served a dainty lunch to the members of the association.

PHILADELPHIA, PA.—The annual meeting of the Nurses' Alumnae Association was held at the Jewish Hospital on April 7, 1908, with nineteen members present. The following were elected to fill office for the coming year: President, Mrs. Allen F. Myers; first vice-president, Miss Mary Graham; second vice-president, Miss Henrietta Hirman; secretary and treasurer, Mrs. Walter F. Pullinger; executive committee, Miss Olga Schoettle.

The members have manifested an increasing interest in the general work of the association during the past year, thirteen, out of a class of fifteen, having joined since the last annual meeting. Refreshments were served. The alumnae entertains the class of 1908 with Miss Margaret P. Pridham, superintendent of nurses, at dinner, followed by a dance, on May 28, 1908.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Alumnae was held at the training school, May 5th. After the business meeting, Miss Gladwin, superintendent of the Woman's Hospital, Manhattan, gave a talk on Japan. Miss Gladwin was one of the Red Cross nurses who volunteered for service during the late Russo-Japanese war, and had many interesting experiences to relate.

PERSONALS

MISS HAZEL ANTHONY, of the class of 1907, Lakeside Hospital, Chicago, has accepted a position as superintendent of a hospital in Paris, Illinois. Miss Isabel Braine, class of 1901, has gone to her home in Williamsport, Pennsylvania, for several months vacation.

MISS HARRIET M. HOHENFELD, graduate of the Maine General Hospital Training School and Nursery and Child's Hospital, New York City, formerly the chief district nurse of the city of Portland, Maine, has succeeded Miss Amelia L. Smith as superintendent of nurses of the Maine General Hospital.

DR. ALICE M. STEEVES has been for several months studying the varying conditions of the dental profession, together with many subjects of public interest. Dr. Steeves is a graduate of the Massachusetts General Hospital Training School, and the Northwestern University Dental School. Oral hygiene in the public schools has received her special attention since graduating.

MISS EDITH P. ROMMEL, R.N., president of the Minnesota State Board of Examiners of Nurses, who was elected state delegate and also representative of The Hennepin County Graduate Nurses' Association to the Convention of the Nurses' Associated Alumnae of the United States, at San Francisco, and Miss Edith A. Gatzman, R.N., the chosen delegate of the Northwestern Hospital Alumnae Association of Minneapolis, are still in California.

MISS ANN J. JONES, class 1904 Hanneman Hospital, Chicago, attended the Visiting Nurses' Conference, April 25th. Miss Jones is doing private work in Des Moines, Iowa. Miss Ellen Persons, after several months sojourn in southern California, has returned to private duty in Chicago. Mrs. Elizabeth Alvis, formerly superintendent of the Lakewood, New Jersey, Hospital, has accepted a position as superintendent of the hospital, Cohoes, New York. Mrs. Foster, *née* Miss Carolyn Cameron, class 1903 of Montreal, Canada, was a recent visitor in Chicago; also Mrs. Hanley, *née* Miss Annis Carter, class 1903 of Boyd, Arizona.

BIRTHS

A SON to Mrs. H L. Brooks, formerly Miss Gray, class of 1906, Lakeside Hospital, Chicago.

A DAUGHTER to Mrs. Robert Bruce. Mrs. Bruce was Miss Laura Littell, class of 1902, Indianapolis City Hospital.

AT Oakland, California, a son, to Mrs. C. W. Fuson, formerly Miss M. Banks, class of 1907, Colorado Training School, Denver, Colorado.

MARRIAGES

IN Indianapolis on April 7th, Miss Maude Mendenhall, class of 1906, Indianapolis City Hospital Training School, to Harry Elliott.

ON April 22nd, Miss May Bradford, graduate of Hotel Dieu, New Orleans, to Dr. George Summers Brown. They have gone on a trip to Europe.

AT Denver, Colorado, on April 18, 1908, Miss Bertha Bruce, class 1907, Colorado Training School for Nurses, Denver, to Mr. Fred B. Durell.

ON May 6th, Miss Margaret A. Swan, graduate of Morgantown State Hospital, North Carolina, to Dr. Oscar C. McCarn, of Blassburg, Alabama.

IN New Orleans, Louisiana, January, 1908, Miss Catherine S. Harrell, Freedmen's Hospital, Washington, District of Columbia, to Mr. J. D. Butler, of Texas.

ON February 12th, Miss Katherine Cunningham, graduate of St. Christopher's Hospital, Norfolk, Virginia, to Mr. Peyton Moore. They will live at Los Angeles, California.

ON April 3rd at Tucson, Arizona, Miss Josephine Quinn, class of 1905, Hahnemann Hospital, to Mr. Frank E. Thayer, of Boston. They will reside in Lordsburg, New Mexico.

ON April 22nd at Champaign, Illinois, Miss Frances Robinson, class of 1905, Hahnemann Hospital, to Mr. Thomas Inskip. At home, after June 1st, at 620 Union Street, Champaign.

IN Seattle, Washington, on March 25, 1908, Mrs. Flora V. Plumley, Colorado Training School for Nurses, Denver, to Mr. Edmund L. Tripp. Mr. and Mrs. Tripp will live in Seattle, Washington.

IN Detroit, Michigan, March 3, 1908, Miss Mary A. Hunton, Freedmen's Hospital, Washington, D. C., 1900, to Mr. William C. Gordon. Mr. and Mrs. Gordon will live in St. Louis, Missouri.

AT Plymouth Church, Brooklyn, New York, April 16th, Miss Charlotte E. Arnold, graduate of the Training School for Nurses of the Long Island College Hospital, class of 1895, to Mr. William K. Browne.

ON Tuesday, April 21, 1908, at the Church of the Redeemer, Brooklyn, New York, Miss Ellen W. McCauley to Mr. Manchester W. Weld. Miss McCauley was of the class of 1897, Methodist Episcopal Hospital, Brooklyn, New York. Mr. and Mrs. Weld will live in East Greenwich, Rhode Island.

ON March 25, 1908, at her home in Auburn, New York, Miss Agnes Amanda Douglas, R.N., graduate of the Protestant Episcopal Hospital, Philadelphia, Pa., and post-graduate of the Massachusetts Eye and Ear Infirmary, was married to Mr. John Joseph Gardner of Auburn, New York. Mr. and Mrs. Gardner will be at home after May 1st at 140 East Genessee Street, Auburn, New York.

OBITUARY

THE Alumnæ Association of the Medico Chirurgical Hospital, Philadelphia, announce the death of a much beloved member, Miss Margaret A. Byrne.

THE Alumnæ Association of Faxon Hospital, Utica, New York, announce the death of Miss Edna McGill at Utica, New York, on April 4, 1908. She was a member of the first class graduated from Faxon Training School, and a young woman of many admirable qualities.

MISS MARY E. TALBOTT, a graduate of The Western Pennsylvania Hospital Training School for Nurses, class of 1901, died at the hospital March 26th. She had been doing private nursing in Pittsburg, from the time of her graduation until the week of her final illness. She was a woman of great executive ability, and her loss is keenly felt by the Alumnæ Association which adopted resolutions of regret.

IN Washington, D. C., February 1, 1908, Mrs. Sara I. Fleetwood. Mrs. Fleetwood was at the time of her death the president of the Alumnæ Association of the Freedmen's Hospital Training School, the superintendent of the training school, and a member of the Board of Nurse Examiners of the District of Columbia. Before entering the training school she had been a teacher, and after graduation she engaged in private nursing successfully for a time. Her death is deeply felt by her many friends and associates.

HOSPITAL AND TRAINING-SCHOOL NOTES



COLUMBIA UNIVERSITY SUMMER SCHOOL

THE season of summer schools is again at hand. Columbia University has courses covering every educational interest of cultivated people. The following extract regarding terms for admission is from the catalogue, which will be sent on application to the University.

ADMISSION AND ATTENDANCE

The ninth summer session of Columbia University will open on Tuesday, July 7, 1908, and continue until Friday, August 14th, inclusive. No stated exercises are held on Saturday, with the exception of July 11th and August 8th.

It is believed that the total expense involved in attendance upon the summer session, including tuition fee, but excluding railroad fare, may readily be kept below one hundred dollars. In no event need it exceed one hundred and twenty dollars.

There are no formal examinations for admission to the summer session. Students, both men and women, will be admitted to such courses as they are found qualified, by the respective instructors, to pursue with advantage. The regular exercises will begin promptly on July 7th.

FEES

All fees (registration, tuition, gymnasium, and laboratory) must be paid at the time of registration. Checks are to be drawn for the exact amount of the charge to the order of Columbia University. No reduction in tuition fee is made if a student attends only a portion of the summer session.

1.—Registration or matriculation fee (payable but once)	\$5.00
2.—Tuition fee	30.00
Gymnasium fee	5.00

A special rate of fifty-four dollars is fixed for Livingston Hall and Whittier Hall for the students of the summer session from dinner on Monday, July 6th, until breakfast on Monday, August 17th, inclusive. This rate is payable in advance and includes room and board, and for residents of Whittier Hall, laundry (1 dozen plain pieces per week).

The three courses bearing directly upon nurses' work are: Chemistry, Professor Sherman; Domestic Science, Miss Benton, Miss Wilson and Professor Vulté; and Physical Education, Dr. McCastline, Professor Bowen and Professor Story. Nurses who are considering post-graduate work of any kind are advised to send for the catalogue.

A LARGE addition is to be built to the George Ide Chase Home for Nurses at the Rhode Island Hospital, Providence, for the use of the nurses of that institution.

The exterior of the building is to be of red brick, corresponding with the present house, and will be five stories in height. It will have a frontage of one hundred feet on Lockwood Street, and will be thirty-one feet deep. In addition there will be an ell of the same height on the west side, forty-five by thirty-one feet.

There will be ninety-five separate single bed-rooms for the nurses, one room for each nurse. On each floor there will be three bath rooms, an average of one bath tub for each six nurses, also six wash basins. The floors of the entire building are to be of concrete finished in 'terrazzo. The partitions throughout are to be of steel expanded metal, covered with plaster. The doors will be of veneered oak without panels. In each room there will be a large wardrobe closet, a bookcase, a writing desk, bed and bureau.

The entire building will be as fireproof as it is possible to make any building, the only combustible materials being the furnishings and the doors with their trimmings.

The addition to the home is to be heated with indirect steam. The stairs are to be of slate and iron. There will be five class rooms, to be arranged with revolving partitions, which can be turned aside to throw all of the five rooms into one large room fifty-two by thirty feet. At the head of this room is to be a large platform.

In addition to the nurses' bed-rooms there will be a large library room fitted with bookcases. There will also be a suite of rooms for the superintendent, a tea room and a sewing room, which can be thrown together for the use of the nurses. One of the features of the construction is the wooden roof which covers the class rooms, which can be converted into a sort of roof garden.

The addition is to be placed in connection with the old nurses' home and will stand two stories higher. The funds for the building of the addition come from the Rhode Island Hospital.

THE graduating exercises of the Training School for Nurses of the Johns Hopkins Hospital were held on May 21st. Scholarships have been awarded to the following students:

Senior Year, to pursue post-graduate study and special work in the Johns Hopkins Hospital, or at Teachers College, New York: Harriet Bailey.

Intermediate Year: Cecilia Houston; second year of holding, Olga Moberly, Elizabeth Weller, Clara G. Bampfield.

Junior Year: Evelyn M. Staley, Emma M. Wood, Grace H. Lemmon, Margaret E. Noyes.

Graduating Class: Miss Marion Gertrude Airth, Miss Mabel Anna Armstrong, Miss Harriet Bailey, Miss Lillian Squire Baquet, Miss Helen Louise Clarke, Miss Avice Theobald Donaldson, Miss Elizabeth Grace Enman, Miss Alice Elizabeth Frame, Miss Marie H. Frehsee, Miss Neeley Adeline Frierson, Miss Mary Laura Frost, Miss Fannie Morris Gardner, Miss Elizabeth Gillies, Miss Nell M. Gould, Miss Sarah Catharine Grant, Miss Helen Horatio Hutchins, Miss Isabel La Roche, Miss St. Clair Livingston, Miss Sylvia Maginn, Miss Helen Mair, Miss Charlotte Anne Miller, Miss Helena I. Redford, Miss Marie L. Rose, Miss Boni Small, Miss Elizabeth A. Thomas, Miss Daisy Platt Tousey, Miss Anna Belle Townsend, Miss Agnes H. Wiley, Miss Jessie Wood, Miss Gladys M. Woodside, Miss Catharine Minnie Wright.

GRADUATING exercises of the Presbyterian Hospital, New York City, were held in Florence Nightingale Hall, May 14th, when the following young ladies were awarded diplomas: Miss Ada F. Benjamin, Miss Annie E. Murray, Miss Alice B. Boutwell, Miss Jessie W. Grant, Miss Mary I. McClive, Miss Nancy E. Yost, Miss Jean G. Hayman, Miss Alice M. Upper, Miss Laura W. Todd, Miss Martha A. Winant, Miss Margery J. Lewis, Miss Gertrude W. Drake, Miss Louise M. Marsh, Miss Ethel D. Patton, Miss Louise N. Courtright, Miss Nellie Meyers, Miss Effie M. L. Copeland, Miss Charity W. Lyon, Miss Elizabeth M. Phillips, Miss Mary O. Boulter, Miss Caroline W. Bell, Miss Lillian Merril, Miss Mary Mitchell.

THE Training School of the Chicago Baptist Hospital graduated a class of nurses on May 28th. The names are: Miss Mary F. Barnes, Miss Anna P. Parsons, Miss Clara E. Murdock, Miss Mary Bishop, Miss Nannie T. Smith, Miss Helen M. Koplin, Miss Ingeborg Felland, Miss Jessie A. Meeker, Mrs. Alice L. Hodginson, Miss Rose Wiseman, Miss Sadie R. Heggen, Miss Freda M. Ahlberg, Miss Maria Midnes, Miss Clavia G. Owen, Miss Inez E. Adams.

THE Passarant Memorial Hospital School for Nurses graduated the following young ladies on May 21st: Miss Jennie M. Austin, Miss Clara M. Wolthausen, Miss Lulu M. Stearns, Miss Lucy N. Barnett, Miss Anna S. Weber, Miss Hanna M. Bingeman.

ON March 26, 1908, the following nurses were graduated at the City and County Hospital, Denver, Colorado: Miss W. Closs, Miss A. Alexander, Miss M. Washburn, Miss M. Stewart, Miss P. Walker, Miss M. McKinnon, Mrs. E. Pray, Mrs. M. Alexander, Miss B. Warman, Miss C. Eskew, and Miss L. Mesner.

ON May 15th, St. Luke's Training School of St. Louis graduated the following nurses: Miss Myrtle Burford, Miss Isabelle Dick, Miss Lucy Ellis, Miss Pearl B. Flowers, Miss Lena M. Froelich, Miss Helen A. Foster, Miss Helen Gaylord, Miss Louise Hilligass, Miss May H. Pannill, Miss Mance Taylor.

THE Solvay General Hospital graduated a class of two nurses on May 22nd, Miss Margaret Clarkson and Miss Elizabeth Slatterie.

PRACTICAL SUGGESTIONS



EMERGENCY TRAYS

I HAVE used a moulding board for a tray upon which to serve a patient's meals. A bureau drawer or one taken from a closet or table and placed bottom side up across a patient's knees makes an excellent bed-table to hold the tray, or for writing or games. A sofa pillow placed in the same position makes holding the tray easier to a patient able to sit up in bed.

B. F.

A SIMPLE BUT EFFECTUAL TREATMENT FOR TENDER, BURNING, PAINFUL FEET

EVERY night on going to bed immerse *only the soles* of the feet in hot water for a few minutes alternating with cold. Repeat three or four times. Rub away all the scarf skin that will come off with a rough bath towel. Wear a dusting of boric acid powder in the shoes.

B. M.

FOR BABIES WHO SCRATCH

I HAVE just returned from a scarlet fever case and have a suggestion to offer for babies who scratch ears, nose, and lips while discharges are profuse and desquamation is going on causing the skin to become red and irritated.

Make three pair of cuffs from pretty colored cardboard, have them to extend above the elbow top, sew the cardboard on the under side, make an eyelet in the cardboard on the elbow side, insert a piece of tape for a loop, and fasten with a small safety pin to the shoulder of the baby's slip.

By having several pairs you can have frequent changes and the pretty color of the cardboard will attract the eye of the child, causing him to gaze and drum on them for hours. The hands will be free to handle playthings.

M. G.

AN EMERGENCY CROUP TENT IN THE COUNTRY

TAKE a large wooden hoop, insert a flat narrow strip of wood through the center, drape a sheet over it, then nail to the wooden bedstead.

The stand place beside the bed for alcohol stove and steam kettle. Have the stand wired up about four inches so the sheet can extend around it with safety from fire. Have an opening in the front of the sheet for air, if necessary, and also to see that the hands of the child are not at mischievous play.

M. G.

[How would the housekeeper like nails driven in the bedstead, even if only wood, perhaps her best?—Ed.]

COLD FEET

MANY people in health have the habit of cold feet. Bed socks made of outing flannel are often all that is needed to keep the feet comfortable at night and their use will many times prevent habits of sleeplessness. Such a person should never go to bed with the feet cold, but should warm them, either by the register, stove or open fire before retiring. The hot water bag habit should be guarded against; its constant use makes most people's feet sensitive to cold and chilblains, and makes one take cold easily because of sleeping too warm. Several pairs of sleeping socks to be changed with the night clothing will be found a convenience.

S. R.

THE PEN

FOR an active infant from one to two years of age, a "pen" will be found an excellent substitute for a nurse during the hour when baby must amuse itself. A pen five by four feet in size, built with slats running lengthwise, and with hinges on alternate corners so that it may be folded flat in two separate parts when not in use, may be placed in any room and baby put inside with its playthings and left without fear of the little hands getting into mischief. When open for use, the two parts of the pen may be closed with hooks and screw-eyes. A carpenter should build a pen of this description for about two or three dollars. In the summer-time the pen may be moved to the lawn under the trees, where baby can have the benefit of the open air.—*The Circle*.

[From our office window we see such a pen in a pretty back yard—where a two-year-old girl plays in sand for hours at a time.—Ed.]

To amuse convalescent children, still in the sand box stage, surreptitiously bury small shells, glass beads and all sorts of little treasures in the sand and let them dig for them. It will prove a veritable mine of treasures.

S. W.

CHANGES IN THE ARMY NURSE CORPS .



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING MAY 14, 1908.

ALLWEIN, MARTHA R., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

ANDERBURG, VIRGINIA C., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

ASTBURY, AGNES, transferred from Zamboanga, Mindanao, to Division Hospital, Manila, P. I.

HEPBURN, SARAH M., transferred from Zamboanga, Mindanao, to Division Hospital, Manila, P. I.

RIED, ELIZABETH D., transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division in place of Nurse Rosanna M. King (reported last month). Sailed on Sheridan May 5th.

RIEDY, JOSEPHINE, transferred from Division Hospital, Manila, to Zamboanga, Mindanao, P. I.

SHEEHAN, MARY E., formerly on duty at the Division Hospital, Manila, P. I., discharged.

SMITH, CATHARINE, transferred from Camp Keithley to Division Hospital, Manila, P. I.; thence on Buford *en route* to Nagasaki, Japan; thence to the United States for duty; arrived at San Francisco on May 12th, and assigned to duty at the General Hospital, Presidio.

WHITE, CLARA BELLE, appointed Chief Nurse at Zamboanga, Mindanao, P. I., to date from February 21st.

YOUNG, AGNES G., formerly Chief Nurse at Division Hospital, Manila, P. I., transferred to the United States on the McClellan *via* the Suez, for discharge. Home on leave for thirty days prior to discharge.

OFFICIAL DIRECTORY

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EDITORIAL COMMENT



THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

PRESIDENT ROOSEVELT has consented to act as president of the International Congress on Tuberculosis which is to convene in Washington on September 21st, and extend its sessions until October 12th. If he is unable to preside at the initial meeting, Secretary Cortelyou will take his place. In his letter of acceptance he says:

“The importance of the crusade against tuberculosis, in the interest of which this congress convenes, cannot be over-estimated when it is realized that tuberculosis costs our country two hundred thousand lives a year, and the entire world a million lives a year, besides constituting a most serious handicap to material progress, prosperity and happiness, and being an enormous expense to society, most often in those walks of life where the burden is least bearable.

“Science has demonstrated that this disease can be stamped out, but the rapidity and completeness with which this can be accomplished depend upon the promptness with which the new doctrines about tuberculosis can be inculcated into the minds of the people and engrafted upon our customs, habits and laws. The presence in our midst of representatives of world-wide workers in this magnificent cause gives an unusual opportunity for accelerating the educational part of the program.

“The modern crusade against tuberculosis brings hope and bright prospects of recovery to hundreds and thousands of victims of the disease, who under old teachings were abandoned to despair. The work of this congress will bring the results of the latest studies and investigations before the profession at large and place in the hands of our physicians all the newest and most approved methods of treating the disease—a

knowledge which will add many years of valuable life to our people and will thereby increase our public wealth and happiness.

“The International Congress on Tuberculosis is in the interest of universal peace. By joining in such a warfare against a common foe the peoples of the world are brought closer together and made to better realize the brotherhood of man; for a united interest against a common foe fosters universal friendship. Our country which is honored this year as the host of other nations in this great gathering of leaders and experts and as the custodian of the magnificent exhibit which will be set up by the entire world, should manifest its appreciation by giving the congress a setting worthy of the cause, of our guests, and of ourselves. We should endeavor to make it the greatest and the most fruitful congress which has yet been held, and I assure you of my interest and services to that end.”

Secretary Root is in charge of the committee to arrange for the congress, which is composed of six members, one each from the War, Navy, Treasury, Agriculture and Interior Departments and the Smithsonian Institution. Twenty-five thousand dollars have been appropriated for the expenses of the congress. The number of delegates may exceed 5000.

As has been previously announced in the JOURNAL, nurses are for the first time to have a recognized place in this congress, which is the sixth to be held, the others having been: Paris, 1898; Berlin, 1899; Naples, 1900; London, 1901; and Paris, 1905. When the congress was invited to Washington, Austria and Japan were competitors for it, and Japan was so anxious to secure its presence that there were rumors that it was willing to send ships to bring the European delegates to its shores.

It is expected that the congress in Washington will be even more gigantic than those in London and Paris. There will be a number of sections, all sitting simultaneously. The papers and discussions will be printed in four languages, and there will be special lectures outside the congress by prominent men from all parts of the world. The exhibits will be a great feature and will contain models and plans of institutions, houses and work-shops, built in the interest of the crusade against tuberculosis. There will be charts showing the ravages of the disease and others showing the progress that has been made in the effort to stamp it out. There will be special excursion rates on the railroads to Washington at the time of the congress.

The fact, that the work of nurses is to be given prominence in this country is a tribute to nursing as a profession, and every woman engaged in the work should feel that she has something valuable to contribute.

Those who are unable to attend should enter into correspondence with Miss L. L. Dock, the acting secretary of the nurses' committee, whose address is Fayetteville, Pennsylvania, and ascertain in what way they can be of definite assistance in developing the nursing side of the congress.

PLACE OF MEETING

The Congress will be held in the new National Museum, a splendid building which has been for some time in course of erection in the grounds near the Smithsonian Institute. The building is admirably adapted to the purposes of the congress, being of enormous size, and providing several halls of varying capacities for the different sessions. The large hall holds 1000 people, others hold 500, while still smaller ones hold about 150 persons, thus permitting several sessions to be held at the same time. Dr. Fulton, the Secretary-General, who holds the most definite and entirely satisfactory views as to the usefulness of the nurse in the antituberculosis movement, is anxious to add to the program something in the way of demonstrations which might show the methods employed by the nurse in carrying out some of her various plans for prevention or care. The nurses' session will probably be held on Thursday, October 1st, at 10 A.M.

THE COMMITTEE ON EXHIBITS

The General Committee on Exhibition, of which Dr. Henry G. Beyer is chairman, has appointed the following additional members to look especially after the exhibits of nurses: Miss Isabel L. Strong, superintendent of visiting nurses, Washington, Miss Eugenia Bray, of the same city, and Miss Ellen La Motte, visiting nurse for tuberculosis, Baltimore, Md. As has been stated before, it is expected that each state exhibit will include, as far as possible, suitable representations of the work which nurses are doing, and a request to this effect has been made of the chairman of each state committee. In certain instances the field of the nurse is included in that of some other exhibit, as, for instance, in dispensaries, where visiting the families and instructing them is the work of the nurse, yet would naturally and properly be shown under Dispensary Methods. But beyond this there is a good deal to be shown by visiting nurses' associations, by individual nurses working under various agencies, and also possibly by nurses in sanatoria. As these exhibits are for the purpose of educating, first, the nurse, and second, the public, anything really good and instructive in the way of charts, maps, records, photographs, models, appliances, and so on should find a place, which the chairman of each state committee will doubtless be glad to provide.

All further communications on the subject of the exhibit should be addressed to Miss Isabel L. Strong, 2001 I Street, N. W., Washington. It is expected that the completed exhibits will be in Washington ready to be set up not later than September 1st, but Miss Strong desires to have now as full information as possible from nurses in various states, as to any share which they are taking, or would like to take in her exhibit.

IN REGARD TO PRIZES

In the department of Visiting Nursing in a recent issue of the JOURNAL was given a list of the prizes offered by the International Congress on Tuberculosis. A correspondent sends us a corrected statement of the description of the prize offered under heading number 3, as follows: Number 3 read, a cash prize, etc., for the best exhibit of a furnished room for the poor in the interest of the crusade against tuberculosis. It should read as follows:

No. 3. A prize of \$1000 is offered for the best exhibit of a furnished house, for a *family* or group of *families*, of the working class, designed in the interest of the crusade against tuberculosis.

A model of house and furnishing is required, with drawings, specifications, estimates, etc. The prize is designed to stimulate toward securing a maximum of sunlight, ventilation, proper heating and general sanitary arrangements for an inexpensive home.

LEGISLATION IN NEW YORK STATE

The New York bill, which became a law on May 17th, requires the reporting of cases of tuberculosis to the local health officers, and provides definite methods for the supervision of the tuberculosis patients within the state. In this statute definite lines of procedure are laid down for members of the medical profession treating such cases, and for the health officers, which, if enforced, will make the work of the charity organizations and educational bodies which have been handicapped by the lack of proper regulations, definitely effective.

The public interest is being aroused so rapidly that it seems almost to outstrip that of the medical profession which, in many places, with the exception of small groups of men, seems to be almost apathetic.

ASSOCIATED ALUMNÆ MEETING

THIS number of the JOURNAL contains the authorized proceedings of the Associated Alumnæ at San Francisco, with lists of officers, commit-

tees, and associations, and a little account of the going journey taken by the eastern delegates. We have placed the proceedings at the end of the magazine that those of our readers who do not preserve their Journals may detach it for reference if so desired.

Two important actions were taken by the association this year. First, it was decided to admit county and city associations on the same basis as states. This will give better representation to many nurses, especially in the west, where hundreds of nurses are living at long distances from their *alumnæ* associations, and where *alumnæ* associations are less numerous and less important than the local associations, composed of graduates of many different schools.

Second, the decision was made to immediately purchase enough shares of JOURNAL stock to give the Associated *Alumnæ* the majority of shares and the controlling vote. By this action the magazine passes into the control of our national association. The other stockholders, either individual or association, are in the minority. The Board of Directors of the Associated *Alumnæ* is to instruct its representative how to vote at the stockholders' meeting. This places the responsibility of the management of the JOURNAL really upon the shoulders of the directors, and back of them it rests upon all the associations comprising the national, and upon all the individual members of those associations.

Up to this time the JOURNAL's financial backing and its general business policy have rested upon a small group of members of the Associated *Alumnæ*, who have carried this as a trust for the national association.

In taking this responsibility, the Associated *Alumnæ* finds the JOURNAL prosperous, without debts, and, even under the strain of the financial depression of the last year, gaining slowly and steadily both in professional influence and in the number of its subscribers.

JOURNAL ownership is the goal which the association has had before it for eight years. Its future welfare depends upon the loyalty and interest of its 14,000 members for their own official organ.

ANOTHER SCHOLARSHIP FOR THE HOSPITAL ECONOMICS COURSE

THE trustees of the Johns Hopkins Hospital are this year awarding a scholarship of \$480 to a graduate who desires to take the Hospital Economics Course at Teachers' College, the nurse to receive it being Miss Harriet Baily, of Bangor, Maine.

This scholarship has heretofore been awarded to a nurse who

wished to take special post-graduate work in the hospital, but by this change the recipient is able to avail herself of a broader range of study.

We hope this example of the Johns Hopkins Hospital trustees will be followed by the managers of other schools. The hospitals are so directly benefited by the services of these specially trained women that it seems only fitting that some of the expense should be met from the funds of the institutions. It is a matter that every superintendent should bring to the attention of her board, and graduates who have shown marked executive and teaching ability should have it made possible for them to take the course. While the names of Miss Ross and Miss Nutting are not mentioned in this connection, they may have been instrumental in bringing about the generous action of the trustees.

NURSES FOR THE NAVY

THE navy bill, providing for a corps of nurses in the naval service, has become a law and the bureau is organizing and formulating its rules which will soon go into effect. Several applications have been received for the superintendency and for chief nurses' positions. An experienced superintendent who has seen service in organization work in Cuba and Panama is prominently spoken of for the position of superintendent. The bill provides that the superintendent receive \$1800 per annum.

The chief nurses and nurses receive the same pay and emoluments as those in the army.

A NEW ALUMNÆ MAGAZINE

THE Alumnae Association of the New York City Training School for Nurses published in May the first copy of its Alumnae Journal. It appears in a dark blue cover, lettered in gold, and is to be issued three times a year. It is edited by a publication committee of six, Miss Elizabeth Gregg being editor-in-chief, and is full of items which will be of interest to the members of the association, including minutes of the four meetings which had been held since the first of the year, giving absent members an opportunity to know the work that is being done. The only omission we note is that of the address of the corresponding secretary of the association.

AFFAIRS IN PENNSYLVANIA

"THE Pennsylvania State Committee on Nursing" is again working vigorously to frustrate the efforts of the nurses of the state to obtain

registration and is planning to establish not only a state but a national board of regents to control the registration of nurses.

It is pleasant to see, in the report of the Pennsylvania nurses' state meeting on another page, that the state medical society promises its support to the nurses in their efforts to secure legislation along the lines which are proving so satisfactory and successful in other states. "When doctors disagree"—?

IN MINNESOTA

AN interesting account comes to us from Minnesota as to how the nurses there decided to draw lots for the place of meeting for the Associated Alumnæ next year, and how a St. Paul nurse drew the lot which gave the convention to Minneapolis.

The second nursing issue of *The Courant* has come to hand, and is even more interesting than the first was.

IN MASSACHUSETTS

THE Massachusetts bill for state registration has been defeated. It was reported favorably to the House and passed that body successfully but was defeated in the Senate, mainly by the treachery of a physician who had always seemed a good friend.

A TEXT-BOOK ON HYGIENE

MISS McISAAC'S new text-book on hygiene will be published by the MacMillan Company, and it is expected that it will be ready in July, in plenty of time for teachers of nurses to become familiar with it before fall work begins. We are hearing especially from superintendents of small schools, the most unqualified appreciation of her *Primer of Nursing Technique*, the first volume of her series of text-books, of which this is the second.



HOME LIFE OF THE PUPIL NURSE. IDEAL AND EXISTENT CONDITIONS.*

BY LOUELLA L. GOOLD

Graduate of the Mary Hitchcock Memorial Hospital, Hanover, New Hampshire;
Superintendent of Nurses, Fannie Paddock Memorial Hospital,
Tacoma, Washington.

OF existent conditions in nurses' homes, as a whole, I do not feel qualified to speak. My knowledge is limited. I know the conditions as they were in my own school home; and as they are in the Fannie Paddock Hospital, Tacoma, and in one or two other institutions. The rest I know only from hearsay.

I think, however, that we find the same things true in the home life which we find everywhere else in the sphere of nursing affairs. Our profession as it exists to-day is comparatively new; and hospitals, training schools, lives of individual nurses, are all,—if not exactly in a chaotic state,—at least of great diversity; and few of them are up to the standards we consciously or unconsciously hold.

Since this subject was assigned to me, I have tried to gather some facts from nurses with whom I have talked, and what I have learned as to the impression which their home life left upon them might constitute an essay on "*What the home life should not be.*"

It is not good educational method to lay stress on the "Don'ts." So leaving that part of the subject alone, let me try to give you a picture, possibly somewhat ideal, of what the home life might be made to nurses in training.

Last winter I read a very helpful article, by Miss Snively, I believe, which spoke of the tremendous demands made upon our training schools. What other profession open to women of the ability, education, and attainments of the average applicant tries to do so much in the given time? We take the crude, awkward, inexperienced girl, and endeavor to send her out perfected in the technique of her profession, and a dignified, well-poised woman, able not only to prepare for an operation in a private house, but to adapt herself to the conditions she finds there, whether it is a home of wealth or of poverty. Not only must she have her own code of morality, but she must know and understand the ethics of her profession. Not only has she to earn her own living, but she

* Read at the Eleventh Annual Convention of the Associated Alumnae, San Francisco, May 6, 1908.

must help to solve the vexed problem of providing skilled care for the laboring man and his family. She must bear her part in county and state organizations. She must have that perception which enables her to comprehend the state of the mind in her patient, man, woman, or child, and minister to the needs of the mind as well as to those of the body.

A great deal to ask, is it not? And yet each June sees class after class leaving our schools confident of their ability, and bravely undertaking the problems and successfully coping with them.

So often we hear the complaint "the long, the too long hours of duty for pupil nurses," and yet there is so much to be taught that it often seems to me that not one hour of the precious time ought to pass without its lesson.

For the ideal home life there are, as I view it, two salient features. First, a proper building. Nurses have been and still are, too frequently, housed in the hospital building. The disadvantages of this are so obvious that comment is unnecessary. The only excuse for it is less financial outlay.

The second great need, one which cannot be emphasized too strongly, is that of a matron, or more correctly speaking, a house-mother. Such a woman as I have in mind for this position is undoubtedly rare. The ideal falls little short of perfection, I know, but you will agree that it has, now and then, been realized in one who by birth, training, education and experience is in every way entitled to that much-abused, and commonly misused designation—lady.

I shall consider the home life for our pupil nurses under three heads: physical, mental and spiritual.

First, physical. We must give them every bodily care. We shall not have bright minds, we shall not have cheerful dispositions in poorly cared-for bodies. So first let us see that our pupil nurse is well housed. For some reasons the model arrangement of the home is the individual bedroom. Some hours of solitude belong to each one of us; and I have heard many a nurse say that one of her greatest trials during her probation was the constant forced companionship of fellow pupils. On the other hand, some of us look back with lasting joy on a friendship which began the day we were introduced to our roommate.

Rooms should never have more than two occupants, and a careful provision should be made for the preservation of individual rights. A community bureau with three drawers and two sets of toilet articles scattered over its top has been a fruitful cause of dissention. Let each pupil have her own bed, her own bureau, washstand and wardrobe. I am convinced that one of the besetting sins of nurses is the borrowing habit,

and this often begins in training-school days. The pupil nurse should learn from the first the difference between mine and thine. Her roommate's clothes and toilet articles should be as secure as though a locked door were between. This may seem a too harsh arraignment of a bad habit, but a "borrowing nurse" may have the name changed to an uglier one when she borrows from a patient.

Most of our training schools require that the pupil nurse shall keep her own room in order. This is right, only let it be made as easy as possible. Provide each room with broom, dustpan and dustcloths. If the nurses are to mop the floors, see that mops and pails, hot water and soap are conveniently at hand, if not at all times, at least on specified days. A scrap basket is also a help to a tidy room which should not be overlooked.

Shakespeare's advice concerning clothes—"Costly thy habit as thy purse can buy"—may be applied to the furnishing of the room. *Let it be simple.* I am preaching to my girls the Matthew Arnold doctrine of *the beauty of usefulness*, and trying to keep them from filling their rooms with pictures, post-cards and souvenirs of all occasions, the terrible fishnet and its possibilities, the multi-colored sofa pillow, and the college pennant. Many a pupil nurse fails to get the rest and relief she needs from her hours off duty, and does not realize until she is taught that nerves do not relax well in a room that is crowded and littered with numerous ornaments. There is rest in clear open spaces, in simple lines and quiet colors. When she learns that for herself, she will use it to advantage with her patients.

Bathrooms are still a luxury to some people. Our pupils will sometimes be called to cases amid that class, but to the nurses' home the bathroom is a necessity. Make it at least as easy for the nurse to bathe herself as to bathe her patient. What is the use of teaching her the germicidal, antiseptic value of ordinary soap and water used copiously on the human body, if she is compelled to go on duty with only a *dab* of water applied to her face and hands because there is but one bathroom for fifteen girls, and only a half hour in which to use it?

The modest speaker called to express his views upon a given subject is wont to say, "So much has been said, and so well said, that really I must be excused." That is about the way I feel when the subject of food for nurses is under discussion. Abuses there have been, and are. This we all know. Would it not be well if there were a little more of the "put-yourself-in-her-place" feeling among those who have the ordering of the nurses' table? Nurses are supposed to be women of refinement. We like to draw our probationers from homes of culture. And

yet women of this kind, engaged in work that is often nauseating and repellant, many times sit down to ill-appointed tables, poorly chosen, poorly cooked and poorly served food. Appetites grow capricious often in this work of ours, and the omnipresent cabbage, corned beef and prunes may be "cheap, nutritious and filling," but they are little else.

Concerning exercise for the pupil nurse I wish to say a few words. The average nurse, it may be said, gets plenty of exercise. And of certain kinds of exercise it may be true. But there is still need for another kind of exercise which shall bring with it recreation.

I remember going over one night to our nurses' home when I felt almost "too tired to move." Some one was playing a most enticing waltz, a partner stood waiting, and after circling around the room a few times my tired feet felt like new.

Every home should have a big, bare assembly room ready at all times for dances, games, or gymnasium work. A bowling alley is very desirable. Basketball is just as good for nurses in school as it is for college girls. If no better arrangement can be made, the Y. W. C. A. in your city will plan an evening class, and you will find that a course in Swedish gymnastics and Gilbert dancing will be both interesting and profitable.

If I have seemed to give indoor exercise the first place, I would not be misunderstood as meaning it to be in preference to, or a substitute for, out-of-door exercise. Walking is especially valuable because it not only brings into play all the muscles of the body, but gives recreation to the mind through the constant change of scene. Lawn tennis courts and croquet grounds also encourage the love of fresh air.

The connection of the physical side of the home life with the mental aspect is close. Properly cared-for bodies generally mean healthy minds. Good work in the class is one of the first aims and is in no small measure dependent upon the life in the home. If the nurses do not have individual bedrooms, there should be a study room, or better yet a library, with tables properly lighted near shelves filled with reference books, and provided with pens and paper ready for use. Let this room have the real library atmosphere which no more permits loud talking or other noise than does the stillness of a church.

The different nursing journals should be kept on file in this room showing what the profession has done and is doing, and what it expects of those who enter upon it.

The social life of nurses in training must of necessity vary widely with the location, and in some instances with the church relation of the school. It needs careful thought and constant supervision. It must

fill only a certain time and place. It supplies a real need. Without it we are apt to have nurses who can only talk "shop." But it must not be allowed to distract the mind from the real work of the training school. Personally I regard dancing, card-playing and theatre-going, in moderation of course, as not only permissible but advisable. The school with which I am connected, though under the control of the Episcopal Church, in no way forbids these amusements. Other schools do, I know, and in these other forms of amusements should be provided.

Women of the age of those in our training schools will certainly have men friends. I cannot say too strongly how much I disapprove of the custom of positively forbidding calls from these men which obtains in some schools. I think I know the American girl well enough to say that if she does not see her men friends with the permission of the training-school authorities, she will see them without permission. Encourage the pupil nurses to make their friends known to you and to their fellow pupils. It may increase their attachment to the school. It may help them in their choice of friends. It will almost certainly enable you to understand them better.

I have left until the last the most important of the three aspects of the home life, the spiritual influences with which we must surround these women. Nursing is a profession of ideals. We shall never successfully nurse the diseased body until we see within it the suffering soul. There is splendid promise in the women who enter our training schools. Rarely do I talk with a would-be probationer who does not reveal a very real desire to take up the work because she sees in it a way of doing good, and of being of service. Let us be so careful all through her training that we do not smother that feeling, but rather intensify it. There are many means of help. The morning chapel service with its hymn and prayer starts the day right and becomes in after years one of the precious memories of the school. And again, more might be done in most hospitals to make it possible for the pupil nurse to keep up her church relationships, by the regular attendance upon the services of the church.

Before closing I wish to give my tribute of thanks to Dr. Cabot for his address "Foregrounds and Backgrounds in Work for the Sick." A copy of this address should be owned by every nurse. I intend to read it to every junior class which I have the privilege of teaching.

It is good to see and hear more written and said about the ethics of our profession. We so often criticise and hear criticisms upon nurses because of some violation of the code, but I really believe the causes for censure come oftener from lack of knowledge than from intention or

carelessness. Do not take it for granted that what is ethically right will be done intuitively. We draw our recruits from too varied sources for that. Class instruction will do much, but more can be done through precept and example in the home life.

Keep the aim high. Help the pupil nurse to realize that she has chosen a most exacting life work, but one that gives the widest outlook, and the largest opportunity for helpfulness open to a woman.

MANIFESTATIONS OF DELIRIUM IN THE NIGHT-TIME *

By EMMA A. HAWLEY

Lakeside Hospital, Cleveland, Ohio

It is an accepted fact that any individual suffering from disease, who is subject to delirium, will, almost without exception, give more evidence of that delirium during the hours of the night. Even though this be true, it is not a common experience for a nurse-in-training at the present time to come in contact with delirious patients at night, unless she has had a long experience on the medical wards. Nor is delirium found there in as many patients, or in as acute forms, as it was several years ago, due, undoubtedly, to the advances made in the treatment of the various diseases, as in typhoid fever, pneumonia, etc., which prevent its development.

Taking our definition of delirium to be mental deviation from the normal, due to disease, we shall consider first that found in the medical diseases.

Some patients will run a course of disease with high temperature and complications and show no signs of delirium, even at night, while others, with a much lower temperature and an apparently smooth running course, will, during their sleeping hours especially, become quite delirious.

Nurses-in-training probably see more delirium in typhoid fever and pneumonia than in any other disease. With the ordinary delirium of the typhoid fever patient, the first symptoms are usually noted some night during the end of the second week, at the height of the disease. On previous nights he has been very listless and apathetic, being roused with difficulty for his nourishment, but his symptoms have been no

* This paper was awarded the prize offered the pupils of the school for the best paper on this subject.

different from those shown in the day time. On this night the nurse may first notice that he has rather spasmodic twitchings, is somewhat restless, picking at the bed-clothes and trying to pull them up over him. In his apparently heavy sleep he keeps up a constant low muttering, probably harping on some particular theme that seems to be troubling him. When he is finally aroused to a semi-wakefulness, he asks vague questions, sometimes comprehending his surroundings for a few minutes then falling back into his former stupor. He refuses nourishment, sets his jaws firmly and will not allow his mouth to be washed.

At nine P.M. his temperature may be up around 103°, for which he is given a tub bath at 90° F. He objects to the bath at first, but in a few minutes he is much quieter, and by the time he is out of the bath and in bed he is more comfortable and remains so for some time. By midnight he is as restless as ever, but with another bath the delirium is arrested to some extent. By morning his temperature has dropped, and often he is much brighter, with less twitching than during the night.

A couple of nights later, the patient having become weaker, with a high temperature still persisting, we find the delirium more pronounced. His muttering is constant and may become noisy. At times he will seem to be seized with a sudden impulse and attempt getting out of bed, getting far enough out to fall to the floor, or maybe he will sit on the chair by his bed. Very commonly he has involuntary micturition, and sometimes involuntary stools. At this stage the delirium usually continues in a milder form during the day.

If the patient can be persuaded to drink large quantities of water, the delirium often decreases.

The delirium of pneumonia usually occurs at the height of the temperature, or as a post-febrile delirium. This delirium is very active. The patient talks loudly, wildly and incoherently. He does not sleep and can scarcely be induced to do so. He tries almost incessantly to rearrange the bed-clothes, especially to pull them out from the foot of the bed or put them on the floor, and at any minute he may get out of bed if not restrained.

As the night nurse cannot stay with the patient all the time and dare not leave him unrestrained, she is often compelled to fasten him under a restraining sheet, which many times will seem to almost infuriate her patient, and he will struggle desperately to free himself.

Bromides and trional or sometimes just a cool sponge bath will help to quiet the patient, and I have seen one patient after several days and nights of active delirium fall into a heavy sleep for the whole night, from which it was almost impossible to rouse him.

The delirium of heart diseases as seen at night is irregular. Sometimes the patient is rational, and at other times only partially so, asking wild questions but still seeming to be conscious of the one to whom he is talking. For a while he may sleep quietly, then seem to dream and mutter unintelligently.

In extreme cases the delirium is wild and noisy, and the patient often seems to suffer keenly from his thoughts. One patient, an old man about eighty-five years of age, would scream out when anyone entered the room, declaring he was in purgatory, and at other times insisting that he was surrounded by evil spirits who were making him suffer.

The only case of acute nephritis with delirium I have ever seen, was a patient who lay in a stupor nearly all night and when wakened for nourishment or treatment was dazed, could not understand his surroundings or what was required of him though conscious of his suffering.

One patient with rheumatism developed a slight wandering, muttering delirium during one night after a toxic dose of salicylates, but it cleared up in less than twenty-four hours.

Another patient, a woman, with rheumatoid arthritis, who had suffered for many years and was in a bedridden condition, was perfectly rational during the day, but at night, after falling asleep generally from the effects of some sedative, would talk loudly and at random. When wakened she was always unable to recall anything, asking absurd questions and demanding impossibilities. Nearly all night this same performance was carried on and towards morning she would often fall asleep, resting quietly during the remaining night watch and all morning.

In several instances patients have become delirious during the night a short time before death, but it was only as if a cloud had fallen dimming the mental view, which gradually became obscured entirely.

In surgical diseases delirium tremens is probably the most common delirium resulting from surgical shock, along with the discontinuance of alcohol.

The first symptoms a night nurse notices in going up and down her ward is that a patient, probably only a fracture case, is exceedingly restless. When she speaks to him his voice trembles, may be but slightly, while his hands twitch and his limbs jerk involuntarily. He often seems rather embarrassed at his lack of control, and almost invariably asks for a little whiskey, offering money and all kinds of bribes if the nurse will smuggle him, "just one drink to brace me up a bit."

As the delirium advances he becomes impressed with the idea that he must help watch the ward, and sometimes just one patient, much to

the nurse's distress. In all probability he will try to get out of bed and may try to make his escape from a window when he thinks no person is watching. He talks constantly but not distinctly, and is often going about his regular work, as in the case of one man, a painter, who made all the motions of painting, talking about his work at the same time.

By the next night his temperature may be up to 102° or 103° , his pulse very rapid and his lips and tongue are dry and coated. He is now at the stage where he sees green monsters, snakes, devils, etc., and hears most startling things. He may even be in such terror over these imaginary things that beads of perspiration will stand out all over his body.

I have seen bromides and trional tried with but little effect. One patient was quieted by apomorphia given every four hours, and another, whose injury was such that it could be done, was very much relieved by a hot bath and slept quietly for some time.

Septicæmia is sometimes accompanied by delirium. The one instance I recall is that of a woman, who had become septic after an abortion, and had been having hemorrhages for several days so that she was completely exhausted from the loss of so much blood. At times during the night she was fretful and crying out in her sleep, but most of the time she lay in a stupor entirely unconscious of what was going on around her, and rousing slightly during the treatments which consisted of douches, rectal irrigations and nutritives, besides hypodermic injections.

In a few cases we find post-operative delirium, due to shock, hemorrhage or the severe nature of the operation. It seldom lasts more than two or three nights, the patient often being perfectly clear during the day and becoming quite delirious by seven P.M. One of the favorite acts seems to be to get out of bed.

The most pronounced post-operative delirium I have seen was after a prostatectomy in an old man of seventy-five years. During the night his sleep was only at short intervals due to intense pain, he talked incessantly, moaning the greater part of the time and often attempting to get up. When awake his delirium was more active, although at times he would be rational and able to recognize faces and remember all concerning himself. This lasted about three nights.

As for children, they seem to have a predisposition to delirium. In any diseased condition the temperature rises more rapidly and mounts higher than in an adult, and delirium is much more likely to accompany it. Often a child with a high temperature will lie in a heavy stupor,

but sometimes will be restless, crying out in sleep or muttering much of the time.

In the majority of cases we can draw no definite line between the delirium of day and night. Often the only difference is that the symptoms manifested during the day are more exaggerated at night.

In some cases sedatives will quiet the delirium but generally the change comes with the change in the disease, the patient becoming rational as the disease subsides.

HINTS FROM A PRIVATE NURSE.*

By ELIZABETH BELL, R.N.

Graduate of Epworth Hospital, South Bend, Indiana

THE demand for private nurses during the last ten years has increased, and still continues to increase at a very rapid pace.

Not only in the cities, but in villages and country places, private nurses of the right kind are usually kept busy.

People of all classes are fast recognizing the difference between the trained worker, and the neighbor or relative, who comes in to help out; oftentimes some one who knows absolutely nothing about caring for the sick, and who simply adds to the confusion of an already much confused household.

There is perhaps no department of nursing where the nurse can use broadmindedness to such good advantage as in private work. She may supplement the knowledge she has acquired in her Alma Mater with any amount of knowledge in any other capacity, that she may possess, for she has to deal with all classes and conditions of people.

She deals with the ignorant and the cultured and has to adapt herself to working under all conditions, from the home where the silver service consists of tin spoons and steel knives and forks, and dishes and furniture in accord, to the palatial residence where are found solid silver, Haviland and mahogany.

She has patients of all ages, from the tiny infant to childish old age. To meet these various conditions it is necessary to bring into action all the God-given virtues.

As in most all other trades and professions, a strong character is one of the essential qualities of a successful private nurse.

She is under obligation, each day that she is on duty, to work, not

* Read at a meeting of the Indiana State Nurses' Association, March, 1908.

in a desultory way but "to do with her might what her hands find to do." She has assumed the responsibility and neither illness, fatigue nor sorrow can excuse her from doing her best work at all times.

Patients are problems, and many little knotty questions are met with only to be worked out in our own way, by our own tact and patience. Emerson said: "Nature arms each man with some faculty which enables him to do easily some feat impossible to any other."

Tact and patience are the best agencies we have and without these we can do little. Tact is a mark of wisdom and gentility. Happy is she who possesses it by instinct, although it may be cultivated. A lack of tact is most evident in the small matters of our experience, which we are inclined to regard as of no consequence; although in reality they constitute a true index of character and training.

Homes are little worlds. To make things run smoothly the nurse has to be the diplomat. Servants, if there are any, have to be handled judiciously. If we make as little extra work for them as possible, treat them kindly and considerately,—in other words, use the Golden Rule,—"they are ours," and often render us valuable service in return.

If the house-keeping is done by some member of the family, the nurse usually has to make the best of things, and help to make things harmonious, and if there is no house-keeper at all, it does not lessen her dignity if she performs duties not in her line until matters are adjusted.

The prevailing supposition among the friends and relatives of some patients is that the nurse is a cyclopædia of knowledge pertaining to the case in hand. If she made no mistakes in answering their numerous queries it would be necessary to solicit the patronage of the goddess Minerva. She is wise who does not at all times express her candid opinion. Statements thoughtlessly uttered and as soon forgotten are remembered by others.

The family secrets and interests are often unavoidably heard. Ability to keep one's own council is desirable. The remark is sometimes heard—"Miss S—— is a good nurse but she talks too much, and we wouldn't have her."

Inclination to talk about oneself is but human; however, too much time spent in this way is wasted. Incidentally people will know if we are doing things.

The shop talker in nursing, as in many other professions, is often met with, not that a good wholesome exchange of experiences and opinions is objectionable in the proper place; but the street car, street corner or social is not the place for even this.

When the body is diseased, it follows that the mind becomes weakened. Suggestion may be used as a benefit or an evil in the management of sick people. They are but “children of a larger growth.”

Sometimes the manner of the physician or nurse, or some expression made by them, will suggest imaginary aches and pains, sleepless nights and troubles of various kinds.

It is hard sometimes to distinguish the difference between an idiosyncrasy and pure willfulness on the part of the patient.

Some patients have no confidence in the healing qualities of water and fresh air, cannot take certain kinds of food, medicine, etc., and it requires all the executive ability we possess to carry out the various orders prescribed by the physician.

However, quickness of perception, resourcefulness, kindness and sympathy do wonders; the latter quality cannot be too much emphasized. It overcomes evil and strengthens good, it disarms resistance and melts the hardest hearts and draws out the better part of human nature.

Much harm can be done the profession in new communities, or families where the employment of nurses is the exception rather than the rule, by a nurse, whose mental and moral attainments are not up to the standard. There are many pitfalls in a nurse's career.

Self-control should be learned and practised. There never will exist anything, permanently noble and excellent in a character without it.

First impressions are lasting to a degree; and it takes some time to impress on the minds of the people that the qualifications of all nurses are not the same. It takes some time to stamp out the impress of improper morals and indifferent work.

A private nurse should have firm and strong principles, elevated and generous sentiments, which will lead her to the height of the profession and make her worthy of the respect and esteem of everybody.

Living ever among the sorrows and struggles of people, and seeing so much of the dark side of life is a hard test on the strongest nerves and the sunniest of dispositions.

Courage is necessary, equal to that of Mrs. Wiggs, who said: “I jes’ do the best I kin where the good Lord put me at, an’ it looks like I got a happy feelin’ in me ’most all the time.”

Rushing from one case to another is sometimes unavoidable because of special calls and engagements; but to get the necessary rest the system requires, to store up energy for future use, and to attend to the numerous little personal duties, it is necessary to take some time between cases, when at all possible.

Body and mind when kept at such a tension as private nursing

demands, should be rewarded with long periods of absolute rest from duty, semi-annually or at least annually. It is well to get away from the scenes of duty, and visit places of interest and amusement, study new scenes, cultivate new associations, and get new ideas, thus acquiring a broader view of life.

“O what a glory doth this world put on
For him, who, with a fervent heart goes forth,
Under the bright and glorious sky and looks
On duties well performed, and days well spent.”



IN an address on States' Rights and the National Health, given at the recent meeting of the American Medical Association, by Dr. Charles Harrington, of Boston, and reported by the *Journal of the American Medical Association*, the statement is made that: “The movement now in progress for the establishment of national control of the public health is no new thing; it may properly be designated as an acute manifestation of a disturbance of long standing, the prognosis of which, while doubtful at times, has some few hopeful signs. It began so long ago as 1871. At intervals bills have been offered in Congress to the attainment of that end and have been duly pigeon-holed.”

“The nearest approximation to a successful outcome of the agitation was reached in 1879, when, after the country had been aroused by the extensive epidemic of yellow fever which occurred in 1878, a National Board of Health was established. Although in legal existence fourteen years, the period of its real activity was, through lack of funds, but four.”

A RECENT number of *The Courant* gives a description of the Stout Training School for Home Makers, which was opened in Menominee, Wisconsin, about a year ago. Students are instructed in housing conditions, nutrition, clothing, sickness, study of childhood, family, social and civic relations. A ten-room cottage on the grounds serves as a laboratory for practical instruction.

HOUSEKEEPING FOR TWO.

By ANNA B. HAMMAN

(Continued from page 694)

SUGGESTIONS FOR WARM WEATHER.

ALL housekeeping should be light housekeeping in the summer, and light housekeeping should be lighter than ever. We have an unfortunate habit of spending the most beautiful time of the summer day, from six to eight in the evening, in the house, eating, and washing dishes. It should be possible occasionally for the family of two to adjourn to some spot out-of-doors where the sunset is visible and contentedly munch a sandwich and a hard-cooked egg and finish with fresh fruit.

Let the sandwich bread be at least twenty-four hours old, and it should be cut in even slices, not too thick nor too thin. If you wish to be very dainty, you may cut off the crusts, but they are better left on. Butter each slice evenly. Butter spreads much better if it is first rubbed to a creamy consistency with a wooden spoon. Put a crisp, tender leaf of lettuce with a generous teaspoon of mayonnaise between the slices.

A hard-cooked egg is a different thing from a hard-boiled egg. Put water in both parts of the double boiler, and put it over the fire. When the water in the lower part boils, put the eggs in the upper part, leave the cover off, turn the fire low and let the eggs cook forty minutes. The result will repay the extra time and trouble. Instead of the usual picnic egg with a white of leathery texture, you have a thoroughly cooked, but tender egg which, if well masticated, is perfectly digestible.

A handful of nuts will add to the pleasure as well as the nutriment of the feast. Get a half-pound of shelled Jordan almonds. Cover them with boiling water and let them stand two minutes, then throw them into cold water and rub off the brown skins. Dry them on a towel, spread them in a shallow pan, add one teaspoon of olive oil, shaking them well, so that the oil may coat each nut. Brown them delicately in the oven. Turn them out on soft paper, which will absorb any surplus oil, and sprinkle with salt. A pound of almond meats contains about three times as much nutriment as a pound of round steak, and they should be eaten accordingly. Nuts eaten after a hearty meal and without thorough mastication are likely to be indigestible, but if well chewed and eaten with due regard to their high nutritive value, they make a wholesome addition to the bill of fare.

Here are some suggestions for the meals that must be eaten in-doors.

Steamed Fish. Get two slices of white fish or any good fish that your market affords. Wipe it with a cloth wrung out of cold water. Tie it loosely in a square of cheesecloth, put it in a strainer, set the strainer over a saucepan containing a small amount of boiling water; cover closely, and you have an excellent improvised steamer. The boiling water should not reach high enough to touch the fish. Let the fish cook until perfectly tender. It will take from twenty to thirty minutes. When done, lay it on a bed of cress, which can be bought for five cents a bunch. If cress is out of season some sprigs of parsley will make it look cool and inviting. Serve with it the following sauce.

Drawn Butter Sauce. Three tablespoons butter, 1 cup boiling water, 2 tablespoons flour. Salt, pepper.

Melt two tablespoons butter, stir in flour and cook together, without browning, three minutes. Add water gradually, stirring until mixture boils. Cook five minutes. Remove from fire and beat in the other tablespoon of butter and a few drops of lemon juice.

Green Salad. Separate the leaves of a fresh, crisp head of lettuce, discarding those which are coarse or bruised. Put the rest in plenty of cold water and wash them carefully and thoroughly, rinsing them two or three times. Then drain them on a towel. If you can put them on the ice, they will be crisper. Peel a fresh, firm cucumber, taking off a thick paring. Slice the cucumber in thin slices, and put it in a bowl of cold water, with a piece of ice in it if possible. Drain on a towel a little time before serving, so that the water may not weaken the dressing or prevent it from adhering to the salad. Arrange the cucumber on the lettuce leaves and pour over it a French dressing.

French Dressing. Three tablespoons olive oil, $\frac{1}{8}$ teaspoon salt, 1 tablespoon vinegar, few grains pepper.

Put seasonings in a bowl, add olive oil, and beat in vinegar. Continue beating until you have a smooth, creamy emulsion, then pour at once over salad.

Tomato Salad. Select smooth, firm, ripe tomatoes. Pour boiling water over them and let them stand one minute. Then plunge into plenty of cold water, peel and chill. Serve, either whole or sliced, on a crisp, tender lettuce leaf, and put a tablespoon or more of mayonnaise dressing on each.

Mayonnaise. Few grains of cayenne or paprika, $\frac{1}{4}$ teaspoon salt, yolk of 1 egg, $\frac{1}{2}$ cup olive oil, $\frac{1}{2}$ tablespoon lemon juice, $\frac{1}{2}$ tablespoon vinegar.

Put seasonings in a bowl, add yolk of egg, and beat thoroughly, add lemon juice and vinegar and beat again. Then add the oil, a teaspoonful at a time, beating in each portion until thoroughly blended. Materials and utensils should all be cold, and it is a help in warm weather to set the bowl in a pan of cracked ice.

Scalloped Eggs. Three hard-cooked eggs, $1\frac{1}{2}$ tablespoons flour, $\frac{3}{4}$ cup milk, $\frac{1}{4}$ teaspoon salt, $1\frac{1}{2}$ tablespoons butter, few grains pepper, 2 tablespoons buttered crumbs.

Slice the eggs into a baking dish. Melt butter in a saucepan, add flour and cook, without browning, three minutes. Add milk, and cook until mixture boils, stirring constantly. Add seasonings, and pour sauce over eggs. Sprinkle buttered crumbs over the top, and set in oven until crumbs are delicately browned. To prepare buttered crumbs, pick the crumbs from a loaf of stale bread with a fork, and stir them into a half teaspoon of melted butter. A half teaspoon of finely chopped parsley added to the sauce makes a good change in this dish. Scalloped eggs provide an excellent substitute for meat in hot weather.

Vanilla Ice-cream. One cup cream, 1 teaspoon vanilla, 2 tablespoons sugar, few grains salt.

Mix ingredients, put into freezer can, adjust top and crank, and pack with ice and salt in proportion of three parts of ice to one of salt. Turn crank until it turns rather hard. Wipe off top carefully so that no salt may get into mixture. Remove top, take out dasher, and pack the cream down smoothly. Put the cover back, and put a cork in the hole in the cover. Add more salt and ice if necessary, set in a cool place until ready to serve. It will have a better flavor if allowed to stand for an hour.

Raspberry Ice. Three tablespoons sugar, $\frac{1}{3}$ cup water, 1 cup red raspberries, 1 teaspoon lemon juice.

Sprinkle raspberries with sugar, cover and let stand one hour. Mash and squeeze through cheesecloth. Add lemon juice and water and freeze.

If your outfit does not include a baby ice-cream freezer, it is possible to improvise a freezer, using a baking powder box for the inner can, and a bowl, jar or pail for the outer pail. Pack the space between the two with salt and ice, just as in the freezer. Turn the can rapidly with the hand, and as the mixture freezes, scrape it down from the sides of the can and beat it, so that it may freeze evenly throughout. When acid fruits are used, a jelly glass should be substituted for the baking powder tin, as the acid may act on the tin and form poisonous compounds. It takes somewhat longer to freeze in a glass than in a tin, and rather

more salt is needed in the freezing mixture. Very good creams and ices can be made in this way on a small scale. The salt used in freezing should be coarse rock salt rather than table salt. Any fresh fruit may be substituted for the raspberries. Peaches make a delicious sherbet.

Iced Tea. Two teaspoons black tea, ice, 1 pint boiling water, lemon.

Make the tea in the usual way. Put a piece of ice in a pitcher, and strain the tea over it. Let it stand until thoroughly chilled. Into each glass put a large tablespoon of crushed ice, a slice of lemon and a lump of sugar, and fill the glass up with the tea. This makes a tea of mild but delicious flavor.



IF I CAN LIVE

BY HELEN HUNT JACKSON

If I can live,
To make some pale face brighter and to give
A second lustre to some tear-dimmed eye,
Or e'en impart
One throb of comfort to an aching heart,
Or cheer some wayworn soul in passing by ;

If I can lend
A strong hand to the fallen, or defend
The right against a single envious strain,
My life, though bare,
Perhaps, of much that seemeth dear and fair
To us of earth, will not have been in vain.

The purest joy,
Most near to heaven, far from earth's alloy,
Is bidding cloud give way to sun and shine ;
And 'twill be well,
If on that day of days the angels tell
Of me, she did her best for one of Thine.

—*Baltimore Sun.*

LESSONS IN DIETETICS.

BY MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Illinois

(Continued from page 697)

COW'S MILK AND SOME FOODS DERIVED FROM MILK.

Chemical Composition.—Milk occupies almost a unique place among animal foods for it contains in itself the three principal nutrients of food: proteids, carbohydrates and fats, and a large percentage of water. The proteids of milk constitute only two or three per cent. of its total weight. The principal proteid is known as casein which is kept in a state of more or less perfect solution by its partnership with phosphate of lime.

The solution is not clear but opalescent, and is the chief cause of the opaque whiteness of milk. The other proteid of milk is an albumin called lactalbumin, which is entirely different from casein and which coagulates, very slowly, when milk is boiled. It makes up about $\frac{1}{7}$ of the total proteid of cow's milk.

The carbohydrate constituent of milk is milk-sugar or lactose. Milk contains from 4–5 per cent. of it. It differs very much from the cane-sugar and in nothing more than its comparative freedom from sweetness. Another peculiarity of lactose is that it is hardly capable of being fermented by yeasts. As a consequence it is better borne than other kinds of sugar in certain cases of disease. On the other hand, it is readily split up by certain micro-organisms, with the production of lactic acid, a process which occurs in the souring of milk, and sometimes, also, in the intestine, producing diarrhoea. Many cases of infantile summer diarrhoea are brought about in this way.

The fat of milk stands intermediate in amount between the proteid and sugar, constituting about 4 per cent. of the total weight. Fat exists in milk in the form of an emulsion of extraordinary perfection. When milk is allowed to stand, the fat globules run together, and float to the surface as cream. If this be removed skim milk is left; but when so prepared it still contains some fat, perhaps as much as 1 per cent. If the cream be removed by means of a centrifugal separator, its abstraction is much more complete, for separated milk usually contains less than

$\frac{1}{3}$ per cent. of fat. Milk so prepared should be described as separated milk.

Mineral matter is fairly abundant in milk, forming about 0.7 per cent., consisting mostly of phosphate of potash and phosphate of lime. Iron is scantily represented in milk. Citric acid is also present in milk in no small amount, for it has been calculated that a good cow yields as much citric acid in a day as would be contained in 2 to 3 lemons. It is chiefly combined with lime, and as calcium citrate it is a gritty substance, only imperfectly soluble and devoid of any sour taste. The solid particles met with in condensed milk consist chiefly of it.

Water forms a large proportion of milk, from 87–88 per cent., and holds the other ingredients in more or less complete solution. It is owing to the large amount of water which it contains, that milk, in its ordinary state, must be regarded as a dilute and bulky form of food.

COMPOSITION OF COW'S MILK.

Water	87–88 per cent.
Proteids	2–3 per cent.
Sugar	4–5 per cent.
Fat	$8\frac{1}{2}$ – $4\frac{1}{2}$ per cent.
Mineral Matter	0.7 per cent.

In the mixed milk obtained from a large number of cows, variations in the milk must to considerable extent neutralize one another. Hence it is that the total milk from one dairy varies less in composition than that from any one cow in it, and the popular prejudice in favor of feeding an infant on milk “from one cow” is shown to rest on a false basis.

Whenever milk enters the stomach it undergoes a change by which it very soon becomes solid. It is then said to be coagulated. This coagulation is due to a change brought about in the casein by the ferment called “rennin.” The exact nature of the change which the casein undergoes is still obscure. The coagulation of milk is what occurs in the making of junket. The curd consists primarily of the casein and in the process of setting the casein entangles the fat of the milk in its meshes. It usually also contains some of the sugar of milk, for the whey is never entirely squeezed out.

The curdling of milk is not the same as the process of coagulation. When milk “curdles,” its casein is simply thrown down in the form of a precipitate without undergoing further changes. Curdling is due to the production of lactic acid in the milk, which turns the casein out of its partnership with lime salts, and the casein, being in itself not soluble, then falls down as a flocculent precipitate. The production of

lactic acid is due to a splitting up of milk-sugar by the agency of certain bacteria always present in milk, but the growth of which is greatly facilitated by heat, and by some authorities it is claimed that electrical conditions often influence the same.

The Effect on the Composition of Milk of Heating.—When milk is boiled in an open pan a tough “skin” forms on the top. This consists to some extent of coagulated lactalbumin, but partly also of casein and salts of lime. By boiling it, some of the CO_2 is driven off and this seems to cause some of the casein to be detached from the lime salts which hold it in solution, and then it becomes entangled with fat and floats to the surface, and is dried by evaporation into the “skin” with which we are familiar. If the “skin” be removed, another straightway appears, and by continuing the process the milk undoubtedly loses some of its nutritive value though not to a great extent. When heated for a long time, milk becomes brownish in color and changed in taste. The change in color seems to be due to the charring of the sugar. The change in taste sets in quite suddenly when a temperature of 70°C . is reached. The casein seems also to undergo some alteration on boiling, for boiled milk coagulates more slowly than raw milk.

By far the most important result of boiling milk is its sterilization. Milk as it comes from a perfectly healthy and perfectly clean cow, may be regarded as a sterile fluid; not only is it sterile, it seems even to be possessed of feeble germicidal properties. Commonly, the milk gets contaminated either by stagnation in the udders of the cow or from the introduction into it of foreign matter after it is withdrawn. These foreign matters are of all sorts, but are chiefly composed of manure. The hands of the dairyman and the water used in washing the cans are other possible sources of infection.

Once arrived in the milk, the germs are able to grow and multiply very rapidly, so that in a short space of time, especially if favored by warmth, it may be literally swarming with them. Roughly speaking, the micro-organisms met with in milk may be divided into two classes: (1) those which produce souring, (2) pathogenic bacteria. The former are probably harmless, unless so abundant as to produce decomposition of the milk in the intestine, when diarrhoea may set up. Their chief significance lies in the fact that, owing to their presence, milk cannot be kept for any length of time without turning sour. The pathogenic bacteria are bearers of disease. Amongst the diseases which have been proved to be conveyed by milk are diphtheria, typhoid fever, tuberculosis and possibly scarlatina and cholera. The disease germs are more easily destroyed than those which produce souring. A temperature of 75°C .

maintained for a few minutes is enough to kill most of them. If the milk is to be preserved for a long time, however, this is not sufficient and the temperature must be raised above the boiling point (110° C.) and kept there for some time. This is the process of sterilization. Sterilization alters the taste of the milk, destroys the fine emulsification of the fat, coagulates the lactalbumin and renders the casein less easy of digestion. Efforts have been made to overcome these disadvantages by pasteurization. This consists in keeping the milk at a temperature of 70° C. (158° F.) for twenty minutes or one half hour. Of this method, however, it may be said that, though it kills most of the disease germs, it has not been proved to destroy the tubercle bacillus, and certainly does not destroy some bacteria capable of causing diarrhoea. Milk so treated will not keep more than three or four days, for the acid-forming bacteria are still present; nor can one ever be certain of avoiding alterations in the taste, for that change sets in, as we have seen, just above 70° C. For ordinary purposes there is little doubt that simply boiling the milk for a few minutes is the simplest and most satisfactory method of procedure.

(To be continued.)

THE TOUR OF THE "IMMIGRANTS"

BY K. DE W.

ON April 26th, sixty nurses started together from Chicago for California, in two tourist cars; most of them had been royally entertained in groups by the various Chicago hospitals while attending the Visiting Nurse Conference there.

We were eight days in making the trip to the coast and we slept in our cars, even at our stopping-places, thereby avoiding hotel bills,—and we felt like true foreigners at times as we groped our way back at nearly midnight to the only refuge we knew, picking our way through the railway yards, dodging locomotives, and climbing the steps of cars D and E, so tired that the switching of engines and passing of trains could not disturb our slumbers.

No one who has not tried it has any idea how comfortable one may be on a long trip in a tourist car with congenial companions. We had many plans for whiling away the hours, most of which were never carried out. There never seemed to be time for much reading or writing or card playing, we were so occupied with housekeeping and visiting.

Each section was occupied by from one to three human beings and



*Cheyenne
Canon, March 30, 1906*

THE "IMMIGRANTS," IN PART, AND SOME OF THEIR HOSTESSES AT SOUTH CHEYENNE CANYON, COLORADO SPRINGS.

by an immense amount of luggage, and the stowing away of our belongings compactly at night and bringing them forth in the morning furnished endless occupation. The cars, seen from the doorways, presented an odd scene of hats in bags, coats, suits, and skirts swinging from the hooks overhead. An assistant official boarded the train at one point and objected to the arrangement, but one of our porters asserted stoutly that these were our own cars that we "had done chartered" (we hadn't), so the bags swung on undisturbed.

Our washing arrangements were a trifle odd, but they could not disturb our peace. At one end of the car was a tiny dressing-room, into which one person could barely squeeze herself; at the other, were two basins out loose in the hall, as it were, and there most of us washed and did our hair, standing four deep in great good nature, and with much less friction than one meets in many a standard Pullman. A towel pinned over the glass of the door made the situation more endurable, and it was only on rare occasions that an indiscreet wanderer from another car walked into our midst.

Great was the rivalry in housekeeping in the different sections. Most of us took our morning and evening meals in the dining-car and carried provisions for our luncheon at noon. At this hour the cars presented an inviting picture with all the little lunch tables spread. All sorts of good things there were, which were indiscriminately shared. At every stop of length fresh paper bags of eatables appeared and our suit cases grew continually more difficult to shut.

The curiosity of our fellow passengers was, of course, aroused. Rumors reached us that we were going to California to nurse the fleet. Why the fleet needed nursing was not made clear. One hospital trustee aboard, who discovered our calling, came to visit us professionally, hoping to pick up a superintendent of nurses for his hospital on the spot. One conductor was heard confiding to a friend: "I've sixty nurses aboard, one from each state in the Union, they're nice, but awfully hard to manage." Probably the opinion of the vulgar multitude was best expressed in a placard we one morning found pinned to our forward car which bore the cutting legend: "Old Maids' Private Car."

Our trip did not seem long, it was so broken. Our first experience of western great-heartedness, after leaving Chicago, was at Des Moines, Iowa, where there were put aboard two great packages of fresh magazines and daily papers, enough for us all, "With greetings from the Graduate Nurses' Association of Des Moines."

At our three stopping places, the small band of receiving nurses and the great army of visitors met on the station platform like two

friendly hosts. Many, on each side, were known to each other by name; few, by sight; but we were all friends at once.

At Denver, even the street car conductor wished us pleasant weather, and the photographers were burning to take our pictures, and the hotel which fed us presented us with post cards and clothes brushes. The Denver nurses had arranged a most delightful automobile ride for the morning, which showed us the whole of their beautiful city and much of the outlying country. It wasn't their fault that a snow storm suddenly descended upon us, and the novel sight of lilacs in bloom, completely hidden under white hoods, almost compensated for our literally wading through snow during the afternoon, when in small groups, guided by the kind hostesses, different sanitariums were visited. In the evening a reception at the Nurses' Home of St. Luke's Hospital furnished an opportunity for us all to meet each other, and was also the occasion of reunions of graduates of many different schools, for Colorado has many resident nurses who have come from other places, and the question constantly in the air was: "Are there any nurses from Pennsylvania here?" "Or from Boston?" etc.

Colorado Springs seemed totally different, a more out-of-doors place, where every street seemed to lead to Pike's Peak. Our nursing friends there had arranged for us a most delightful drive through Williams Canyon and the Garden of the Gods. We started off in thirteen carriages, drawn by fine, strong horses, used to the steep ascents, and as fresh at the end of the afternoon as at the beginning. The drivers were as pleased to exhibit the marvels of the beautiful country as if they were responsible for its existence, and many of our hostesses went with us, so no interesting bit escaped us. In the evening a reception was given us at one of the beautiful homes in which Colorado Springs abounds, whose mistress is specially interested in the nurses' work there, and the nurses themselves, in deference to the travelling costumes of their guests, came in white uniforms, and looked as pretty as could be.

We had until noon the next day for more pleasures, and a great temptation was spread before us in the shape of another long drive,— "the high drive" which the drivers of the afternoon offered us at greatly reduced rates. It would take three hours, and if a harness should break on a mountain top, what would happen? Thus argued the wise virgins, who longed to go, but whom duty held back. The foolish virgins arose at five-thirty, started at seven, had a glorious drive and reached the station long before the train thought of starting. They also had the joy of telling the rest, all the way on, how much they had missed.

The wise virgins were not utterly uncared for in the way of entertainment that morning, for they were conducted to the South Cheyenne Canyon, and journeyed up it to the foot of the Seven Falls, some of them in carriages, but most riding on burros with great glee.

At Salt Lake City, at the request of one of the Bellevue nurses holding a position there, Mr. Wells, superintendent of the Latter Day Saints' Hospital, had arranged for a special organ recital for us in the tabernacle, a great treat, which we so enjoyed that we went back in the evening to a concert given by the high school cadets and helped them pay their way to San Francisco, where they were going to act as a special escort on the day of the parade in honor of the fleet. The following day we saw the city nicely by means of an observation car, and then spent useless hours at the station waiting for our train to come along and pick us up.

After some delay we started, but a few hours later, at Ogden, the announcement was suddenly made that car D had been condemned and that we must vacate it at once. There was great consternation and skurrying; no one stopped to pack but grasped her possessions as best she might. We looked most like true immigrants as we sat on our possessions on the platform, veils tied over our hair, bags at our feet, enduring the smiling sympathy of car E, as we waited for a new abode.

Alas for car E! When car D's occupants were comfortably asleep in a new car that night, car E broke a coupling, and after trying to haul it up a mountain side with chains, in vain, the trainmen went at it with hammers, and we were all delayed for hours while new attachments were put on.

We began to think our destination was going to keep receding from our view like those beautiful mountains we passed in Colorado, which seemed so near in the clear atmosphere and which we never really approached. We reached Oakland at last ten hours late, and our patience had its last trial when we had to stand in line an hour and a half waiting to exchange our berth checks for our precious yards of ticket, while our San Francisco friends across the bay were equally impatient, boarding every boat that landed.

We forgot every trouble as we beheld their friendly faces, and found when we reached our rooms that all were provided with flowers and fruit with a warm greeting from the California State Association. We had hardly time to wash the dust from our faces before the automobiles were ready to carry us about the city in a long ride that seemed to show us everything of interest, beauty, and desolation,—but the impression that one gains from a visit to the city now is not that of destruction but

of marvellous rebuilding, and no one who has not been there can imagine the beauty of the city's situation, rising on hills from the bay, with the ocean beyond, and girt round by blue mountains.

The meetings were as inspiring and interesting as they always are, and seemed more than usually harmonious. The entertainments interspersed were beautifully arranged not to conflict with the sessions and yet to give each visitor full opportunity to see the characteristic features of the region. There was one afternoon free for seeing the fleet come through Golden Gate and pass in stately line up the bay, a sight never to be forgotten and from which no one was shut out, as every hillside gave a good view of the bay. One evening was spent in Chinatown; first, at the Presbyterian Rescue Mission, where the fascinating little bright-eyed girls sang for us, then a tour of the strange shops, and finally tea in a Chinese restaurant, where we did not know how to eat, the dishes were so unusual. There was a banquet at the St. Francis Hotel, the most beautiful that could be held, we were sure; the banquet room is so beautiful in itself, the tables were so lavishly trimmed, the music so fine, and the banquet itself so delicious, and followed by exceptionally good toasts.

There was a day spent on Mount Tamalpais, from which the whole panorama of that wonderful combination of land and water can be seen, with a side trip to a forest of redwood trees.

We tried to attend a concert at the renowned Greek theatre at Berkeley, but the rain poured down and frightened away the musicians; some of us went dripping over to see the theatre itself and felt well repaid. Some of us, too, were so fortunate as to be invited to a luncheon given by the *Pacific Coast Journal* to those of its staff who were present.

At this point there was a dividing of paths. Some visited the Yosemite. Many went to Los Angeles and Pasadena, where the California hospitality repeated itself in charming ways; some went north immediately, and what they may have done in Washington and Oregon we do not know. There were invitations to all of us to stop everywhere. Our general feeling was that if all these kind people didn't stop making us have such good times in their part of the world, we might never go home at all, and there would be danger of an oversupply of nurses throughout the west.



A FEW OF THE "IMMIGRANTS" ON SUMMIT OF MT. TAMALPAIS.

FOR REST AND CONVALESCENCE

NURSES living in or near New York do not, perhaps, all know of the two charming places for rest or convalescence which are now open to them, in "The Brownery" and the "Solomon and Betty Loeb Memorial Home for Convalescents."

The former represents the ardent love of Miss May Brown for her profession and its members, as she is herself a nurse, one of Miss Maxwell's graduates, though now in private life. The little house of rest which she has opened for tired-out or convalescent workers is designed as much for preventive work, by offering a change before the break-down comes, as for recruiting after illness. It is on a hilltop about a mile from the station at Orange, and has been open a year or more. It is in charge of Miss A. M. Claxton, who is also a nurse, and most devoted to the family in her care. One who has spent some time there writes:

"The great and increasing cost of living in our large cities, especially in New York, makes illness and its attendant expenses a matter of grave import, of discouragement and disheartenment at the best; sometimes of real distress and disablement. Those who have had even a minor ailment in a New York boarding house or apartment know what loneliness and discomfort they represent, and can appreciate fully the relief of having a comfortable place, where one can go when convalescing from an illness or operation, or when merely tired out and fearing a break-down, and find all of the essentials of a comfortable home,—rest, quiet, good and abundant food, all needed care, the sympathetic supervision of a head, or matron, who is herself a trained nurse,—all for a most moderate fee. The luxury of a breakfast in bed, nourishment between meals, delicious milk, all restful, refreshing and healing influences, the combination of these for a few days at just the critical time might mean the little ounce of prevention which we nurses may preach eloquently about but seldom put into actual practice.

"The house is of cottage style, attractive from without, with pleasant verandas, but doubly so within where the atmosphere is one of quiet peace and comfort so refreshing to the tired worker from the city. In the spacious sitting-room a glimmering fire, easy chairs, books and an inviting tea-table offer the most hospitable of welcomes. The writer is a firm believer in the therapeutic value, to a tired and depressed sister, of that cheerful little flicker in the fireplace. On the main floor is the dining-room and the office of Miss Claxton, who is in charge of the house-

hold, while the two upper floors contain the seven or eight bed-rooms, bright, sunny, simply but daintily furnished, models of neatness and order.

“The terms at the Brownery are as follows:

“Five dollars per week, payable weekly. Guests at the cottage able to make their own beds and take their meals in the dining-room at ‘The Brownery.’

“Six dollars per week, payable weekly. Guests on the third floor at ‘The Brownery.’ Breakfast in bed if necessary.

“Seven dollars and upwards per week, payable weekly. Guests occupying rooms on the second floor. Meals in rooms and care as condition requires.

“This latter term, as shown, provides for the care of convalescents who still require some little extra services. Applications should be addressed to Miss A. M. Claxton, ‘The Brownery,’ Orange, N. J.”

The Loeb Memorial is a larger convalescent home, accommodating one hundred persons. It is built on the cottage plan, and is wonderfully complete, beautiful, and commodious. In architectural details, furnishings, and site, it is quite ideal, and is conducted on a scale of bounteous hospitality and comfort. It is especially the wish of its founders that it should serve wage-earners, and nurses are welcomed here and will be made most comfortable, and special pains taken for their privacy at meals, etc. The superintendent, Dr. Anna S. Rosenbluth, is a remarkably able and also sympathetic head, and creates an atmosphere of homelikeness, showing a personal care for the comfort of each individual. The large grounds, scattered cottages, extensive halls and sitting-rooms, and small tables in the dining-hall, give no hint of institutionalism. The terms here are \$5 per week, and application should be made to Miss Elizabeth Frank (who is a nurse), at the Nurses’ Settlement, 265 Henry Street, by letter. Miss Frank has an office on Second Avenue where she may be seen by appointment.



“If United States troops can be called on to suppress riots and violence in mining camps, as lately has been done in one of the far western states, should not national sanitary police be called on to suppress the rioting of epidemics and pandemics when a state is powerless or neglectful to act?”—DR. CHARLES HARRINGTON, *Journal of the American Medical Association*.

RED CROSS WORK



THE nurses who were sent to Hattiesburg, Mississippi, at the call of the National Red Cross were: Washington, D. C., the Misses Read, Hewitt, Dillon, Feeley, Smith and Honendel; Philadelphia, the Misses Klink, Bowman, Rice, Seiwell, Bierstein and Detwiler; New York City, the Misses Pettit, Miller and Bell; Troy, the Misses Beadle and Cole; Rochester, Miss Phelan.

Miss Pettit's report to the New York headquarters practically covers the ground of the work done by the nurses of the different states.

REPORT OF WORK DONE BY THE NEW YORK BRANCH OF THE AMERICAN NATIONAL RED CROSS NURSES AT HATTIESBURG, MISS.

May 7th to 22d, 1908

WE arrived at Hattiesburg, May 7th, at 9.00 A.M., and were met at the station by Mr. R. L. Bennett, chairman of the Hattiesburg local relief fund committee who placed the entire party in comfortable quarters. He then notified Major W. L. Simpson in charge of the Relief Expedition and Captain B. K. Ashford, surgeon of the United States Army Medical Corps of our arrival. They both called soon after and explained the situation which was this: it was at that date, May 7th, lacking one day of two weeks since the cyclone, and conditions prevailing at that time were somewhat eased. The injured storm victims were brought to Hattiesburg from Purvis, the night of the storm, because the facilities were so much greater for treating the victims than at Purvis. The injured were placed in the only two hospitals in the town, which were private institutions, and in so far as local authorities had cared for the injured for nearly ten days before the arrival of the Relief Expedition, they were loath to make any changes in placing the injured; therefore, instead of a hospital relief station presided over by the different branches of the Red Cross nurses, the nurses had been placed wherever needed, and our branch would be placed likewise. Previous to the coming of the Red Cross nurses the local relief committee had sent to New Orleans for six Charity Hospital graduates and were paying them at the rate of \$25 per week for relief work in the two hospitals. Three of these nurses were discharged soon after the arrival of the first detachment of Red Cross nurses, and the remaining three after our arrival. Three of our nurses were assigned to night duty, two to day

duty, and I was to act with Major Simpson and Captain Ashford in coördinating the food, medical supplies, and repairs, also, clothes, equipment and the names of discharged patients who were entitled to transportation, etc. My duty was to go each morning to the hospitals, army tents and Red Cross relief stations; and collect and inspect all requisitions, when needful make suggestions and eliminate all requisitions not provided in the list of medical and commissary supplies provided by the Relief Expedition. These requisitions were then taken by me to the official offices to be approved and signed, then to the storehouse to be filled and delivered. All complaints from either superintendents, patients or head nurses regarding supplies, etc., were furnished me in written signed complaints, to be adjusted by the officials in whose department they were. As the buildings were from one-quarter to one-half mile apart and as I went mostly on foot, my first week was a pretty busy one, until I had learned to systematize my work, thereby saving much wasted time and many unnecessary footsteps; then as I had most of the afternoon unoccupied, and the work of providing food and raiment grew less at the Red Cross relief station presided over by Miss Read and Miss Dillon of the Washington branch, we thought it a good plan to try and form a sewing circle to make undergarments for the women and children out of some unbleached muslin sent in one of the Red Cross boxes, as we were sorely in need of some. The contributions of these things had been scant and were either unsuitable or, owing to the wornout condition, unusable; in that way we used our otherwise unoccupied time for one week before being discharged. May 22nd, the nurses holding hospitals were the first to be discharged, four besides myself. I requested my discharge as there was so little for me to do. I left two New York nurses to remain until the end of the work.

We left Hattiesburg in a fair way to close all relief stations by the end of the month, and believe that was the intention of those officials in charge of that end of the work.

Most of the injuries were head injuries, simple fractures and a few compound fractures. I believe there were about one hundred and seventy-five patients treated, more than half being negroes, who were lodged separately, however, not all in one place. That made it difficult to concentrate the work and necessitated scattering our forces, thereby requiring more help than would have been otherwise required to do the same amount of work.

Respectfully submitted,

(Signed) GENOVEVA PETTIT,

May 29, 1908.

A.N. Red Cross nurse.

I neglected to state in my report that Miss A. G. Miller, one of our nurses, was taken ill with an acute attack of articular rheumatism the evening of May 9th, 1908, and as she was suffering and unfit for duty, I telegraphed Mr. Hurd for instructions May 11th. The following day I received word from Mrs. William Kinnicutt Draper furnishing transportation to Miss Miller, and also for another nurse should Miss Miller be unable to travel alone. Miss Miller had through me telegraphed one of her friends, a nurse located in Birmingham, Ala., to come down and accompany her to her destination; that obviated the necessity of one of our nurses returning with Miss Miller. Miss Miller was attended by Dr. Crawford, one of the local doctors, who advised her to leave the damp Mississippi climate as soon as possible. She left Hattiesburg, May 12th, 1908.

Respectfully submitted,

(Signed) GENOVEVA PETTIT.

May 29, 1908.



IN May, Mrs. Anna Garlin Spencer, addressing the workers of the Chicago Bureau of Charities, spoke of the spirit that must pervade organized social work, and in speaking of nursing said, as reported by "Coöperation": "Not very many years ago it was almost impossible to get the assistance of a trained nurse. It was easy to find women with sympathy and tenderness, but hard to find them with training; now it is easy to find them with training, but harder to find them with the sympathetic qualities. The remuneration and the professional life have drawn in many who lack by nature the characteristics of a good nurse."

Mrs. Spencer said social workers must avoid the same danger. A few years ago a social worker was not supposed to need any training; now there is a tendency to think that a school can make a social worker out of any one. The most that a social science school can do is to assist in avoiding the worst errors, and, above all things, cannot supply a personal fitness for the work.

NURSING IN MISSION STATIONS



MISS M. NORA NEVE, a nurse stationed at Srinagar, Kashmir, India, writes of her work:

“We are two English nurses for one hundred and twenty beds, of which between forty and fifty may be occupied by women. These women are, with the female out-patients, our more especial charge, for here, as I suppose in most Mahommedan lands, public opinion is strongly against the attendance of men on women other than their wives or mothers. Their ideas of propriety must be followed to some extent, ours are enforced as far as possible. Occasionally we have to drive a cart and horse through the former, as when, for instance, last week, the senior surgeon performed an obstetric operation. The woman arrived in a Kashmiri sedan chair, a headless infant in her lap; the cord was uncut, the head *in utero*. An untrained city midwife was responsible for the severance of the body. The fetal head proved to be hydrocephalic. The patient made an excellent recovery.

“In-patient work for us begins a couple hours before breakfast. In our wards, taking them in order, will be the following cases: Cataract, three; heart (mitral incompetence), two; abdominal, one; elbow-joint disease, one; tubercular glands, neck, three; cancer of the breast, two; periostitis, or osteitis tibia, three or more. These are quickly seen, being all clean cases, and we go on to a typhoid child, a tubercular glands, axilla (with old sinus); two epithelioma of the thigh. These undisciplined old ladies have wriggled about and got out of bed and though the incisions in the groins (for glands) have healed by first intention, the others are not quite dry. Then there are gummata, tubercular ulcers, necrosis tibia and fibula, caries lower jaw, and trichiniasis, with here and there another heart case, say two medical cases to ten surgical.

“All except abdominal, joint and very complicated gland cases, and, of course, cataracts, were probably operated on within three hours of being first seen. A Kashmiri patient comes fasting and expects what he gets,—a kind reception, a thorough clean-up, at least locally (and this far exceeds expectation), ‘a smell and a sleep.’ The unpleasant after-effects seem to surprise often, but again there are many who seem to feel very little pain and who in a couple of days or less are quite brisk and asking for more to eat and get more. Most of the kiddies have to have santolin sooner or later; the effect of this may be noted on the

chart as 'good,' 'very good,' 'excellent,' or even 'tremendous!' A woman will quite gravely tell you that her little six-year-old has got rid of six pounds of worms (*ascarides lumbricoides*).

"One of our native nurses, who recently left us, divided the animal kingdom into the three classes: man, beasts and creeping things. Crows, cats, and pariah dogs come under the second head; the third included all the small enemies of the hospital staff and patients, so that any morning you might understand from her, 'so and so has got worms in her hair, Miss Sahib,' or that pediculi were responsible for the cobwebs her duster had left; that sparrows had broken in and drunk up a pint of Bengel and that the tasselling of twigs and bits of bandage in the veranda eaves was the work of dogs. Under the first head she seemed to admit a subdivision when she addressed her own little daughters as 'children of the devil!' When doing the in-patient dressing that I began to write about, it would be necessary to hurry to catch up the few minutes lost over this digression. The women's dressing done, the doctor gone off to the men's wards with all the male dressers, one sees the cook about diets, gives douches and enemata, and does many other little odd jobs or sees the native nurses (two) started on them properly. I may mention here that we wear india-rubber gloves for dressings, both in-patient and out-patient.

"Next, while 'congregations' are being collected, we (the other English nurse having come on duty now) seek God's blessing on our work and then, taking our Kashmiri Testaments go and sit down among the patients gathered here and there and give them a talk of ten or fifteen minutes' duration, followed by a prayer. The number of congregations and talks depends on the number of helpless patients.

"This is not the powder in the jam, it is all part of the same thing, in their eyes as in ours. Our folk are very religious and they prefer healing with preaching to the former alone. But though religious, they are not at all moral and they practically know nothing of true religion but the first half of their creed, 'There is one God,' and that they forget, or believe in theory to deny in practice.

"They are so ignorant and so unteachable that the very simplest words of Christ on the ordinary human sins and thoughts and acts of His day and of the Jews has to be prepared and administered in the smallest quantities; and so self-satisfied that the warnings and the promises alike seem to fall on deaf ears.

"Topical allusions, homely illustrations, local coloring, all have to be used and sometimes such familiar things as a broken thermometer, a burnt sheet, the consulting-room door, eaters of jackal's flesh, overheard

ejaculations, one's own apron, are used in parable fashion or otherwise to let in a glint of light where the darkness seems impenetrable. Our one great comfort is to note the difference in a woman who has been an in-patient before. One such only last week (she had come in to be fitted with an artificial leg) showed that she remembered practically every passage on which she had heard lessons, *i.e.*, from the Gospels, some months ago."

From a printed report of the Kashmir Mission Hospital we gather the following interesting bits which show the nature and extent of the work: The staff of the hospital consists of four men, all doctors, we infer, and of two women, nurses. During the year there were 22,735 new out-patients, 1,764 in-patients, and 5,038 surgical operations, with only 11 deaths among those operated on. On some of the busiest days there are from fifteen to eighteen operations.

Medical missionary work is done not only in the hospital, but in the district and by itinerating.

"Creed stands for less in Christianity now-a-days than in the old time when Greek street barbers discussed the intricacies of the inter-relations of the Trinity with heated polemics. Creed stands for less and conduct for more. Christ Himself and his works remain above sectarian strife."

"The medical missionary stands in the enviable position of having to hand all the equipment for relieving suffering, and as sparrows come to scattered grain, so do the sick, irrespective of creed and of the difficulties of communication come in to the hospital for treatment, and each one, from some distant village or mountain hamlet, who is cured, becomes a living advertisement, and we trust to some extent many of them echo something also of the religious teaching which they heard with us. It is a great thing in an Eastern country to be in a position to enforce the practical side of religion (is there any other but the practical side, love to God and love to man shown in word and deed?).

"The East hangs to creed rather than conduct, and especially the Mohammedan, witness the state of Afghanistan, Persia or Turkey."

"Early in the spring there was a sharp epidemic of cholera at the west end of the valley. In some of the villages the mortality was appalling. When I arrived in the Lolab in the first week of May, things were quite at their worst. In some houses one by one all had been attacked and the last survivor was left with no one to attend and give food or water. The village official who reported the cases had just died. The head man of the village refused to move out of his house and panic was universal. Both the state doctors who were working in the district

were old mission hospital assistants and they were doing their work well. Having frequently done medical work in the Lolab before, I found that the people were friendly and willing to be treated. My camp was pitched well outside the cholera area and in the morning after attending to ordinary medical and surgical cases, coming for treatment, I used to ride down and see the new cholera cases. Later on when the epidemic was abating I moved further down the valley and camped for several days in a large village. Altogether in one month more than 2,000 came for treatment."



AT the fourth annual meeting of the National Association for the Study and Prevention of Tuberculosis held in Chicago, June 5th and 6th, much enthusiasm was aroused by Dr. Lawrence Flick's report on the arrangements for the International Congress. He stated that \$60,000 has been raised toward expenses; that the federal government has given the use of the Agricultural Building and the new Smithsonian Building for exhibits, and that Congress has appropriated \$40,000 to fit these buildings so as to properly house the exhibits.—*Charities*.

"LET us try to touch other lives on the positive and helpful side. 'Share with me your beliefs; I have doubts enough of my own,' said Goethe. Do not talk of your ailments, your worries, your disappointments, your blues. Do not add these by communication to the troubles of your fellows. Tell of the truth you have had the vision of, of the unexpected good that has befallen you, of the sunshine that has bespread your path."

"Airiness and good spirits are always delightful, and are inseparable from notes of a cheerful trip; but they should sympathize with many things as well as see them in a lively way. It is but a word or a touch that expresses this humanity, but without that little embellishment of good nature there is no such thing as humor."—DICKENS.

"Pray God to keep us simple."—THACKERAY.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL.

FLIES AND MOSQUITOES.—The *New York Medical Journal* says: It is happily coming to be more and more recognized that an important part of the spring attire of the house is the installation of window screens for the exclusion of flies and other insects. A study of statistics shows a rapid rise in the morbidity of infectious febrile diseases coincident with the advent of the fly and the mosquito, and the householder who adequately protects his house against the visits of these little pests goes a long way toward insuring himself and his family against these infectious diseases. The mosquito is so obnoxious for its immediate effect, the annoyance of its song and of its sting, that much more effort is put forth to destroy it or to protect the household from its effects than is exerted for the purpose of ridding the house of the fly. While the mosquito is the bearer of at least two specific infectious diseases, malarial fever and yellow fever, the fly is known to be mechanically the bearer of a wide variety of infectious diseases, one of the most dangerous of which is typhoid fever. It is quite probable that many of the cases of typhoid fever, the origin of which cannot be traced, are due to infection through the agency of flies, and the housekeeper who keeps her house free from these pests confers a double benefit on her household in promoting cleanliness and the health of its members.

BACTERIOLOGY OF SCARLET FEVER.—The *Medical Record*, quoting from the *Lancet*, says: H. Kerb tabulates the results of his observations. In general, they suggest the fact that no particular strain or variety of streptococci is more frequently present in scarlet fever than in other catarrhal and inflammatory conditions of the throat. All that has been definitely proven thus far is that the infecting agent, whatever it is, is present in the pharyngeal mucus. If none of the streptococci in the throat are causative of the primary condition, some other agent must have made it possible for them to obtain entrance to the tissues in order for them to produce the

secondary complications. Staphylococci in the air-passage are relatively increased in scarlet fever.

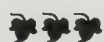
PNEUMONIA.—The *Journal of the American Medical Association*, in a synopsis of an article in the *British Medical Journal*, says: West thinks that we must not assume that there is only one kind of pneumococcus, and consequently one kind of pneumonia, for the serum that is obtained from one strain of pneumococcus does not seem to have any effect on that from another strain. As to the infectiveness of the disease, he thinks it very slight indeed, if it exists at all, for pneumonia patients in general wards rarely, if ever, convey the disease to their neighbors. The three points in all germ diseases are to kill the germ and prevent its spread, to neutralize its poisons, and to care for the patient. We have no means of killing the pneumonia germ within the body. He sees no hope in antitoxins, for the only serum that seems likely to be effective is one grown from the patient's own bacilli, and by the time that could be obtained the patient will be either dead or convalescent. In the care of the patient the most important thing is a devoted physician, who will stick by him, prepared to do the right thing in the nick of time, *e.g.*, administer a little strychnine just when wanted. The treatment must be largely symptomatic. He deprecates the present tendency to decry symptomatic treatment, for if one cannot treat the disease one may as well treat the patient, and, if the patient can be saved, it does not matter whether the disease has been treated or not. For "stitch" in the side, he says that three or four leeches over the painful spot will stop the pain and that it will not return. Temperature need not be dealt with unless it is over 103° F., but if it runs up to say 105°, it must be reduced, and he considers cold sponging much more convenient than the cold bath—sponging the various parts of the body in succession. A cold air-bath may be given by means of a tent frame with, if necessary, bags of ice suspended within the tent frame. Antipyretics should never be used. Their action is not permanent and is always accompanied by depressing results. Attention to the heart is most important. With dilatation of the right heart and cyanosis, venesection is required. It is not done often enough, he asserts, but it is to be used only for mechanical relief, and, therefore, many ounces must be removed; obviously, if the patient's strength cannot bear that loss, it is worse than useless to bleed him. Of drugs, digitalis is efficient but apt to be dangerous; strophanthus is less efficient. He sees most benefit from caffeine citrate with nux vomica. Oxygen inhalation is useful. Cough should not be dealt with; if considerable it is for the purpose of unloading the

bronchial tubes and should not be thwarted; if slight it does not matter. Sleeplessness must be combated. He discards chloral and the chemical soporifics, and when sleep becomes an urgent indication, gives morphine, $\frac{1}{3}$ grain (0.02 gm.), and repeats this dose if necessary; but opium and its alkaloid are to be used with the utmost caution. Hyoscyamine he particularly cautions against in pneumonia. An ordinary case requires no alcohol or other stimulant. A little alcohol is sometimes useful in delirium. He particularly insists on the necessity for constant observation of the chest during convalescence, and cites the case of a convalescent who was sitting up eating his dinner and suddenly fell back dead. Autopsy demonstrated double empyema with the pericardium full of pus, which had been entirely unsuspected, but would have been discovered had there been continued attention to examination of the chest.

DIAGNOSIS OF SLIGHT CASES OF SCARLATINA.—The *Medical Record* quotes from *Le Bulletin Médical de Québec* the following: J. Deshaves says that scarlatina is frequently so slight that the symptoms are almost nil. There is an enanthem involving the buccopharyngeal region, an ephemeral eruption, and a desquamation of the tongue especially, preceding that of the skin. The lingual desquamation is the only characteristic point. It begins at the tip, there being a thick white coat, and extends toward the back of the tongue, leaving a red surface with prominent papillæ. This is the most characteristic symptom, and in its absence we cannot enforce quarantine. Vomiting is slight and like that of indigestion. The eruption is so slight and evanescent that it often appears and disappears in a night. It appears only on the chest, abdomen and back, and being covered by the clothing is not noticed by the mother. The fever is often very slight, and the sore throat not at all marked. But the tongue generally shows some characteristic signs.

TECHNIQUE OF ASEPSIS.—The *American Journal of Surgery* pertinently remarks: An assistant who needlessly handles sponges, instruments, or dressings, "because they are sterilized," or rests his hands upon his hips, "because his gown has been disinfected," has not yet learned that *the essence of asepsis consists in avoiding, as far as possible, contact with everything, sterilized and unsterilized*. Instruments and sponges that were sterile when handed to the surgeon may not be so after they have been in the wound; and the gloved hand of the nurse who removes soiled sponges from their handles at one stage of an operation, should not be regarded as sufficiently clean for passing sponges and dressings at a later stage.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

OFFICIAL ANNOUNCEMENTS

THE NATIONAL COUNCIL OF TRAINED NURSES OF GREAT BRITAIN AND IRELAND

THE first meeting of the newly constituted National Council of Trained Nurses of Great Britain and Ireland was held in London on May 1st, its report being a little too late for our June issue.

It is composed of delegates from the various Hospital Nurses' Leagues, now ten in all, the Matron's Council of Great Britain and Ireland, the Irish Nurses' Association, the Society for State Registration, the Registered Nurses' Society, and the Public School Nurses' League.

Officers elected were: President, Mrs. Bedford Fenwick; treasurer, Miss Christina Forrest, of the Victoria and Bournemouth Nurses' League; secretary, Miss Beatrice Cutler, assistant matron at St. Bartholomew's Hospital; first, second, and third vice-presidents, Miss G. A. Rogers, lady superintendent of the Leicester Infirmary, Miss M. Huxley, ex-president of the Irish Nurses' Association, and Miss A. W. Gill, R.R.C. lady superintendent of the Royal Infirmary, Edinburgh. The directors are Miss Mollett, matron of the Royal South Hants Hospital, Miss Breay, secretary of the Matrons' Council, Miss Burr, of St. John's House League, Mrs. Kildare Treacy, lady superintendent of the City of Dublin Nursing Institution, Miss Cowper, superintendent of the Scottish Branch, Queen Victoria's Jubilee Institute, and Miss Pearse, superintendent of the London County Council School Nurses. Miss Isla Stewart and Miss L. Ramsden as presidents of the Matrons' Council and Irish Nurses' Association are ex-officio members of the Executive Committee.

Among other business the Council agreed to apply for affiliation with the National Council of Women of Great Britain and Ireland, and to adopt the *British Journal of Nursing* as its official organ.

It considered the different items of business to be brought before the International, and, on motion of Mrs. Fenwick, voted to invite the International Council to meet in London in the summer of 1909.

THE TRIUMPH OF JUSTICE

THE event of the year in registration matters is the defeat of Sydney Holland and Mr. Burdett in the House of Lords, where they had meanly taken their "Official Directory of Nurses' Bill" in the hope of preventing state registration and representation of nurses on a central council. Not only was their defeat decisive, but, what is most gratifying, their motives were thoroughly exposed. Lord Ampthill, who spoke with great force and clearness, said:

"The advocacy of this bill, which is in opposition to state registration, comes from a small group of individuals—I might almost say from one single individual—and their reasons for objecting to the principle of state registration have never been made clear, chiefly, I think, because they have been afraid to put them to the test of public discussion. . . . This bill is, in effect, a blocking bill, an anti-registration bill. . . . The promoters of this bill have deliberately refrained from making any attempt to ascertain the opinion of any organized bodies representative of the medical and nursing professions. And why? . . . It is because they knew full well that they would not meet with any encouragement or support. . . . The object of this bill is simply to put an obstacle in the true path of legislation."

The motion to read the bill for the second time was defeated by fifty-three votes to twenty, after a long discussion in which Lord Ashbourne and Lord Monkswell also spoke admirably in defense of justice. Our space does not allow more detail, but every nurse should read the abstract of the debate in the *British Journal of Nursing* for May 16, and every nurses' library should obtain Parliamentary debates of Wednesday, May 6, No. 2, vol. 188. We are indebted to Mrs. Fenwick and Miss Breay for a copy. It contains the full debate, and may be had from Wyman and Sons, Fetter Lane, London, price 1s. 5d. We are placing ours in the Johns Hopkins Nurses' Library.

THE NEXT INTERNATIONAL MEETING

THE plans for next summer's meeting of the International Council are now settled, and we are sure that the kind invitation of the British nurses and the decision of the councillors to meet in London will give general satisfaction. The time will be midsummer, when the greatest number of vacations occur among nurses, and London is delightful in midsummer. There should be a great banner day for registration, legal status, and improved educational methods. We suggest also, remembering Paris, that it would be delightful to have one reunion to which everybody should go in uniform—nurses of different countries would take the greatest interest in seeing one another in working dress. There was some disappointment in Paris because the visitors did not all bring

uniforms. We suggest, too, as this is a business meeting, that there be a collection of league and alumnae reports and journals, printed material, and records of work.

The *Pacific Coast Journal* suggests meeting in 1912 in Japan, where there will be a World's Fair. It would be a dream, but, we fear, too costly.

ITEMS

THE *British Journal of Nursing* was the first, and the only one to call the attention of British nurses to the danger of the bill introduced into the House of Lords. The response of organized nurses was immediate and remarkable. Again a proof of the vital importance of nursing journals *controlled* by nurses.

MISS ISLA STEWART has had a well-earned long vacation in Italy, and is now at work again at St. Bartholomew's. Her twenty-first anniversary as matron of the hospital was marked by a complimentary dinner given her by her co-workers, at which, we may be sure, geniality reigned supreme and much interesting reminiscence was heard.

MRS. KILDARE TREACY has completed her term of office as president of the Irish Nurses' Association and is succeeded by Miss Ramsden, matron of the Rotunda Hospital, Dublin. Mrs. Treacy was an able executive and the Irish nurses have a vigorous and public-spirited association. From the first it has taken an active share in all public questions.

ECHOES of the Italian Women's Congress are heard in many directions: the *Woman's Journal* (Boston) gives reports in its numbers of May 16 and 23. Miss Amy Turton has sent a full abstract of Signora Sciamanna's brilliant and eloquent speech on nursing to the *British Journal* of May 16, and an Italian report of it is contained in *Il Giornale d' Italia* of April 30, sent to us by the kindness of Miss Baxter.

THE trained nurses of Great Britain took part in the monster demonstrations of women for equal suffrage on June 13 and 21. Led by Mrs. Fenwick and dressed in uniform they marched under the Florence Nightingale banner, decorated with a light-house and the word "Crimea." Miss Nightingale has been a lifelong believer in "Votes for Women." An English nurse has also been one of those brave prisoners whom all the world will laud some day.

THE death of Miss Louisa Stevenson, LL.D., of Edinburgh, on the 13th of May, removes one who during a long and useful life was conspicuous for her share in social and educational reforms. She was espe-

cially endeared to nurses by her strong support of their progressive movements. Those who attended the Buffalo Congress will all remember her gracious personality, and be glad to have known her. Miss Stevenson labored indefatigably in the cause of education and especially to advance medical education for women and the higher education of nurses.

THE German Nurses' Association, which from the beginning has had a share, together with a teachers' society, in a charming vacation-house near Hannover, has now had a gratifying offer to occupy entirely, during the months of May and September, an idyllic vacation-house managed by a society for self-supporting women of Berlin. Sister Agnes Karll looks forward to a vacation-house of their own some day, but with her great social wisdom wants it to be open to all working women as she thinks knowledge of other workers' lives is most wholesome for nurses.

FROM the "fair land of France" come many interesting items. A cordial letter from Mlle. Duconseil, the head of the new school at the Salpêtrière, speaks of encouraging progress in her pioneer work. She is ardent and hopeful. From *La Garde.—Malade Hospitalière* for May we learn that examinations for the new posts in the military hospital Val-de-Grâce were held in Bordeaux in April and that three nurses, two from the Protestant Hospital and one from the Tondu passed them with distinction and are eligible for appointment. Also the graduates of these two schools continue their advance into hospitals in the provinces, and the list of public men who go to inspect the Nightingale system in Bordeaux grows steadily. Dr. Hamilton has recently started a visiting nurse service, of which we will hear more soon.

In Paris, a nurse from Finland has been appointed professor of massage for the pupils at the Salpêtrière school.

THE work and reputation of the public school nurse extends steadily. The Liverpool District Nursing Association has been sending four nurses regularly to the primary schools, and several of the district nurses visited schools in addition to their other work. It is hoped that the recent Act of Parliament will tend to stimulate school nursing and extend it. The last report of the Jubilee Institute speaks of the demand for nurses for the schools, and the probability that local authorities will make grants for paying such services. The London County Council School nurses have formed a league, whose president is Miss Pearse, the superintendent. *Nosokomos*, the Holland journal, loses no opportunity of saying a word for school nursing, and after reporting a meeting of the school board in Amsterdam at which the question of truancy among children who were

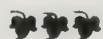
attending the dispensaries was brought up, it remarks that "only the appointment of school nurses will reduce this truancy to a minimum."

INSPIRING progress is being made in the "votes for women" movement. The women of Denmark have held public rejoicings over their grant of municipal suffrage, and let us not forget that nurses will be among these self-governing women. The Committee of the Spanish Chamber has given women who are heads of families a vote in the election of village mayors and councillors. In the Filipino Parliament a bill has been introduced in the Assembly giving women full suffrage. We cannot, of course, tell whether it will pass the Upper House. The English movement is simply dazzling in its brilliant progress. The women have defeated thirteen government candidates in bye-elections, and their victory is in sight. We would give much to have walked in the great parade in London on June 13th, under the Florence Nightingale banner at the head of the Nurses' Contingent in their uniforms. Miss Nightingale has always been a suffragist, and her banner was to bear the single word "Crimea" under a light-house with streaming rays. What is going to happen is that our old country will find itself coming along some day at the tail end of the procession.

BELGIUM has followed Germany with state registration for nurses. A royal edict has been issued, April 4, following some resolutions which were passed last September by the medical societies,—giving the conditions upon which certificates will be awarded by the state. The requirements are sufficiently elementary, and show how low the average standard must be: candidates must be at least eighteen years old; must present a certificate of moral character given by the local government in their native place, and one showing that they have had either: (1) a one-year course of theoretical and practical teaching given by a physician and comprising the subjects required for state examination (*viz.*, anatomy and physiology, asepsis and antisepsis, elementary hygiene, practical nursing, surgical detail, medical orders and reporting, emergencies), or, (2) a two-year course in a public or private hospital.

In congratulating Belgium and in giving credit to the enlightened physicians who have secured this small step forward, we must not be understood as regarding this standard as a satisfactory minimum. Apparently the year's teaching by a physician may be without hospital work and the two years' hospital work may be without teaching and without a varied service. Neither can be regarded as satisfactory. Also we must, of course, object seriously to boards of control and examination from which nurses are excluded. But as a beginning we hail Belgium's act, and hope that in time German and Belgian nurses will have places on their own examining boards.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

THE part played by district nurses in introducing the public school work has been again shown in Harrisburg, Penna. Beginning with one nurse, a country home for sick and convalescent children in charge of a nurse was the first response made by the public. But the really needy class was not reached until, in 1906, the "Benevolent Association" solicited the assistance of the nurses with its cases. This brought the superintendent's attention to the needs of the children, and she induced the School Board to permit two schools to be visited regularly by the nurses. The results of this demonstration are that a medical inspector and a nurse are to be appointed for the schools. The superintendent has also acted as probation officer during 1907, and with the contemplated formation of a charity organization society it is possible that a common headquarters with rooms for residents may be established. The superintendent is Miss Lantz, and of her staff of two nurses one is colored. They are all full of enthusiasm as their work grows.

IN Washington, D. C., the Citizens' Relief Association, the Diet Kitchen and Instructive Visiting Nurses' Society are giving relief to incipient cases of tuberculosis.

It is probable a visiting nurse will be supplied to Chelsea by charitable efforts under the direction of Dr. Worcester, of Emmanuel Church, Boston, and Dr. Worcester, of Waltham.

THE Child Labor Law in the District of Columbia, recently passed, deprives about one thousand children of work out of the nearly three thousand who come under the law.

If the work of a child under fourteen is necessary for the support of some member of his family, the law allows him to work. If authorized by the superintendent of schools, a child under sixteen may be employed. Boys under ten and girls under sixteen are not permitted to sell on the streets. Permits are needed between the ages of fourteen and sixteen.

VISITING NURSES' SETTLEMENT, ORANGE, NEW JERSEY

A BOARD of Governors has recently been organized to support and control the work of this settlement. It is hoped that a visiting nurse for contagious diseases will soon be added to the corps of residents.

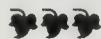
A three months' course is offered to graduates of recognized training schools, including experience in medical, surgical and obstetrical nursing, and the home outdoor treatment of tuberculosis under competent supervision.

Living expenses at the settlement and twenty dollars per month are given and a certificate is awarded. Further particulars can be obtained from the head worker, Miss Honora Bouldin.



THE MANAGEMENT OF TYPHOID FEVER WITHOUT A NURSE.—L. C. Freeny says, in the *New York Medical Journal*, that the average general practitioner is obliged to do without a trained nurse in three-quarters of his cases. He has adopted the custom of typewriting his directions for a given case and fastening the paper to the wall of the sick-room. He does certain things such as giving a bath, etc., once himself to show the family nurse how it should be done. His typhoid directions are as follows: Sponge the patient every three hours when the temperature reaches 102.5° F. or over, unless he is in a sweat. Use a watch to time yourself when sponging, and make it take you at least thirty minutes to complete it. Do not sponge the patient when he is in a sweat, but wait, even if the temperature is high, until the skin is dry and hot, before sponging. Take the temperature every three hours. Give the nourishment every three hours. If you forget the medicine don't forget the nourishment and the temperature. Watch every bowel movement for any sign of blood. Report to me any complaint of pain in the bowels. The nourishment ordered is enough. The patient must not have anything else. Keep quiet in the room and always encourage the patient. Give a warm soapsuds bath every morning at 9 o'clock, and an alcohol rub every evening at 9 o'clock. Never rub the abdomen at all. Write down anything of importance that you may want to ask me; then it will not be forgotten.

LETTERS TO THE EDITOR



[The letter department is open for free discussion of all nursing problems and we do not assume any responsibility for the views expressed by contributors. It has been our custom not to restrain any reasonable expression of opinion, but we do not see that the discussion of the nursing problems such as have been contained in some recent letters offers any solution to the difficulties described. We are sometimes reminded by such of the advice given by Abraham Lincoln to one of his generals who was smarting under certain wrongs, to write out his complaints fully, and then, when his mind was relieved by their rehearsal, to tear up the communication rather than send it to the person addressed, one good object having been accomplished.

We all have our troubles, and at times discussion of these with our friends or in a local association may be helpful, but we question whether letters to the public should contain personal complaints unless some universal remedy can be applied.—ED.]

DEAR EDITOR: It is no wonder to one who has tasted the climatic delights of California, that, my dear sister nurses, you come here in great numbers when the rigors of winter make your home state an ice-bound death-in-life.

Why should you not come where the roses are a dangle of perfumed blossoms, and the scent of heliotrope is as sweet in out-of-doors January as in June, where the glory of the orange flowers creep up the olfactory nerves and in through the brain, making it deliciously languid, exquisitely pleased, and floods the heart as with a psalm of thanksgiving?

God made California for just such as you. . . . Tired, nervously over-wrought, the beauty of your short summer season lost for you in darkened rooms, leaning over beds, and drinking in the fevered breath of patients. Oh, I know it all. I have been there! And so when winter comes you have no further strength to meet its greater demands of physical endurance,—and you long for a change from snow and ice to sunshine and blue skies and millions of blossoms growing among the grasses of earth. Then you turn your face to the golden glowing West and *you come*.

You see California's mountains,—those glorious mountains, where the ever-gentle winds come sweeping down into the valley, making them to laugh and sing. You see her girdle of Pacific waters, her islands, her groves of orange, lemon, olive and walnut trees. In her cities the wondrous growth, from desert land only a few years ago to its challenge of

equality with any city in any state of its size in the east; and you are well satisfied to remain *pro tem* in this summer sunlit land. So long as you are reimbursed for the expenses of crossing the continent you will be content.

In the east you were making \$25, or perhaps \$30 a week—here you will positively take anything; and there are so many of *you* that the position is alarming.

You remember the dying father who bade each of his quarrelling sons to bring him *a thin stick* of wood and then bind them together. That was simple—but when he commanded them to break them it could not be done. “So will it be with you my children if you remain in unity,” said the old man. “Stand alone and the world will drop you like a twig,—united you are strong.”

Sister nurses, let us be united in our resolve to be professionally strong in our belief that we are worth the money by standard asked. It is a fact that from October to April nurses can be had here for \$10 and \$15 a week and that many are nursing in hospitals for \$30 and \$35 a month.

They *have* to take it—knowing that if they do not, another will.

A male nurse last week was called by a well-known physician here, and asked if he would take care of a certain patient. He agreed to do so, and the doctor said, “You will receive \$15 per week.” The nurse refused the terms—and later the physician was compelled to recall him and offer the usual rate, \$25.

There has not been the same honor among our sex. True, I know there has been more pressure. Nurses here literally *had* to accept what they would be ashamed to confess at home.

But is this fair to those who remain here? When the east grows balmy again you will hie away, never giving a thought to those whose bread you have taken, whose place you have filled. You have created a demand for your services in the east. You are protected by your hospitals. Here we are growing up into ideals and by your lowering of the professional standard, you are bringing on us a slur which reacts on you and makes again a chaos of the order instituted for the aid of physicians, and the trained intelligence of a body of women battling with the greatest foe known to our humanity.

It is not that people cannot pay our meed. It is because they have learned to *set their own price*. It is a small matter for a man to pay \$20 a day for the hire of an automobile or \$30 for a hat for his wife,—but that same man will bicker and grumble before paying \$25 for a week

of probably 140 hours' close watching and faithful fighting against the odds of death.

In closing let me beg you who may be planning to come to this beautiful "city of the angels" to come determined to do as you would be done by. If hospital training is worth anything it is worth our while to keep its dignity intact, and you cannot do it by cheapening its remuneration. When you meet deserving cases *give* your services for Christ's sake, but when you demand your fee let it be a legitimate and uniform one so that the nurses of the west may know that the nurses of the east are a united people.

A. C. TRUSS, R.N.,
Los Angeles.

DEAR EDITOR: In reference to the letter of M. B. B. in the April number, I would like to state that just such difficulties have come to me in my few years of private nursing. I am sorry to say I have met some graduate nurses who seem unqualified to be called by that term.

One case that I was interested in was a chronic one; the nurse had to take to her bed for a time on account of illness. The nurse who took her place was unable to catheterize the patient (which at all times was very difficult), therefore the b.i.d. order for bladder irrigation was omitted. Instead of giving morphia, $\frac{1}{4}$ gr., only when absolutely necessary, as were the orders, it was given nearly every other day, and only charted as being given twice a week. She reported such progress as "sleeping well," "clear urine," "good appetite," to the doctor, so that he had innocently discontinued many treatments and remedies that would have rectified these things had he known the truth. The first nurse, on returning to her case, found the urine so thick that it would not go through the catheter, with it a very offensive odor. The patient was in a stupefied condition, and when awake constantly called for "hypo." It took over a month for this nurse to undo her careless, heartless predecessor's work. Does it not seem as though such a nurse should be punished?

Then as to the nurse following the orders of the doctor. During a typhoid case the doctor ordered solid food for the patient, but every time this was given he vomited, and when broths, etc., were given rested quietly. When the patient developed convulsions, the doctor told the family they were due to something the nurse had given that he had not ordered. The family believed the doctor and wanted to change nurses, but friends advised them not to, so the nurse stayed, much against her wishes, and never told the family the truth about the case. After the patient died, the doctor wrote and begged the nurse not to mention

these facts and said he had to keep the family practice some way, and as they blamed him for the "bad" turn in the case, he thought the best way out of it was to lay it to her, as he knew she would not *dare* to defend herself.

What is a nurse to do in a case like this?

E. B. U., R.N.

DEAR EDITOR: In reply to L. B. M.'s letter in the June JOURNAL let me say that if she will attend a meeting of the Associated Alumnæ she will be happily surprised to find many private duty nurses among the delegates. Perhaps her own association has the bad habit of sending only hospital workers. It is hard for a private duty nurse to attend meetings and help in organization work, I know, for I am a private duty nurse, but there are in many places fine workers from our ranks and their hospital sisters are only too glad to share with them both the work and its rewards, such as attendance at a convention. W.

DEAR EDITOR: In "Practical Suggestions" S. M. M. tells how lifting can be made easy. Such a suggestion can be of practical value only to those familiar with the "fall-out position."

If that position were illustrated or described the original intent of the suggestion would be serviceable to those unacquainted with the key to the situation.

AN IGNORANT ONE

DEAR EDITOR: In the May JOURNAL C. H. J. asks where nurses are needed. Mason City, Iowa, has never been over-supplied, and now that two of our nurses have left we are wondering how we can supply the demand.

L. M. A.

(The name and address of the above writer will be given to any one wishing to make further inquiries.—Ed.)

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

THE INTERNATIONAL COUNCIL OF NURSES

THE regular business meeting of the International Council of Nurses will be held next summer, 1909, in London, at the invitation of the British nurses. The first projected plan of meeting in Stockholm was given up for the present, though it is hoped only deferred. The Danish Nurses' Association has applied for membership and extended an invitation to meet in Copenhagen; also, we hope, only a deferred pleasure. The time of year best suited for the meeting was most convenient in England; it was also felt to be appropriate that the regular business session should be held in the country where the International was organized; finally, the extraordinary campaign of the British nurses for registration calls for a general rally to that point. Announcement of the exact date, and of proposed subjects for action will be made later.

L. L. Dock,
Secretary.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

DURING the week of the nurses' session, September 28th to October 3d, the home of the Instructive Visiting Nurse Society, 2001 I Street, will be used as general headquarters. Tea will be served every afternoon from 4 to 6 P.M. Further information in regard to rooms and board may be obtained by writing to Mrs. W. C. Eustis, chairman of the Board for Entertainment of Nurses, or to any of the following committee: Miss Nevins, superintendent of nurses, Garfield Memorial Hospital; Mrs. Richard Wainwright; Miss Strong, superintendent Instructive Visiting Nurse Society, 2001 I Street, Washington, D. C. It is estimated that 10,000 people will visit Washington during the Congress, and it will therefore be necessary for the nurses to engage rooms at an early date.

The following is a list of hotels and boarding houses where accommodations may be obtained:

HOTEL RATES

New Willard, European plan, 14th and F Streets, N. W.; single rooms, \$2.50 and up. Shoreham, European plan, 15th and H Streets, N. W.; single rooms, \$2.00 and up, single rooms, \$4.00 and up, American plan. Arlington, Vermont Avenue and I Street, N. W.; single rooms, \$2 a day and up, European plan, single rooms, \$5 a day and up, American plan. Raleigh, European plan, Pennsylvania Avenue and 12th Street, N. W.; single rooms, \$2 a day and up. Ebbitt, American plan, 14th and F. Streets, N. W.; single rooms, \$3 and up. Richmond, American plan, 17th and H Streets, N. W.; single rooms, \$3 and up, single rooms, \$1.50 and up, European plan. Grafton, American plan, Con-

necticut Avenue, N. W.; single rooms, \$3 a day and up. St. James, European plan, Pennsylvania Avenue and 6th Street, N. W.; single rooms, \$1 a day and up. Riggs House, American plan, 14th and F Streets, N. W.; single rooms, \$3 a day and up. Metropolitan, American plan, Pennsylvania Avenue and 6th Streets, N. W.; single rooms, \$2.50 and up, single rooms, \$1.00 and up, European plan. La Fétra, European plan, 11th and G Streets, N. W.; single rooms, \$1.00, double rooms, \$1.50 (\$.75 each), four in large rooms, \$2.00 (\$.50 each).

BOARDING HOUSE RATES

Buckingham, 920 15th Street, N. W.; single rooms, \$15 a week, double rooms, \$12 each per week, single rooms, \$2.50 per day, double rooms, \$2.00 each per day. Mrs. Riley, 1016 Vermont Avenue, N. W.; single rooms, \$2.50 a day, single or double rooms, \$15.00 a week. Y. W. C. A., 1719 13th Street, N.W.; board and room, \$1.00 a day, room, \$.50 a day. Mrs. Mathews, 1827 I Street, N. W.; single rooms, \$12 per week, double rooms, \$9 each per week, single rooms, \$2.00 per day.

STATE MEETINGS

COLORADO.—The annual meeting of the Colorado State Trained Nurses' Association was held in the assembly hall of the Young Men's Christian Association Building, 16th and Lincoln Avenues, on May 14th and 15th. The afternoon of the 14th was devoted to the following program:

Invocation, Miss Maud McClaskie, Denver. Instrumental music, Mrs. Everett Thompson, Denver. Address of Welcome, Miss Louie Croft Boyd, Denver. Response, Mrs. M. O. Thurston, Boulder. Vocal music, Mrs. E. M. Cooper, Denver. President's address, Miss L. A. Beecroft, Pueblo. Paper, "The Private Nurse's Interest in Nurses' Associations," Miss F. J. Davenport, Boulder. Instrumental music, Mrs. E. Thompson, Denver. Paper, "Opsonins and Toxins," Dr. B. O. Adams, Pueblo; read by Miss Beecroft. Reading, Miss Helen Rowell, Denver. "Criticisms on Modern Training-school Methods from a Surgeon's Point of View," Dr. Wetherill, Denver.

The business session was called to order at 9 A.M., May 15th, the president being in the chair. The reports of the various standing and special committees showed that the association is making steady progress in its work. The by-laws were amended, one of the principal benefits being to allow local and *alumnæ* associations in the state to affiliate with the state association. The following officers were selected for the ensuing year: president, Miss L. A. Beecroft, Pueblo; first vice-president, Miss Clara Follmer, Colorado Springs; second vice-president, Mrs. Cora Chamberlin, Boulder; secretary, Miss F. J. Davenport, Boulder; treasurer, Miss L. M. Fowler, Denver. Lunch was served to the members in the café of the new Y. M. C. A. Building.

PENNSYLVANIA.—The semi-annual meeting of the Graduate Nurses' Association of the State of Pennsylvania met in Allentown, Pa., Wednesday, Thursday and Friday, April 22nd, 23rd and 24th, 1908. The president, Miss Roberta West, in the chair.

The opening prayer was offered by the Rev. F. Herman, and Mayor Harry G. Stiles gave a most cordial address of welcome.

Dr. Wm. L. Estes, president of the State Medical Association, extended greetings from his association, with the assurance that they would help all they could to secure state registration for nurses. He spoke of the interrelationships and interdependence between physicians and nurses and recommended organized effort. He gave us good advice regarding our bill and hoped we would soon obtain it.

Dr. Edgar M. Green, of Easton, was our next speaker. He, too, spoke of the close relationship of physician and nurse, and of organized effort, and outlined the scope of the work for the nurse in the future, and of her influence upon it and extended a warm invitation to us to visit Easton if possible.

Dr. C. D. Schaeffer, of Allentown, gave a most interesting address—full of inspiration and hope, and good wishes, and help in the efforts to obtain state registration.

A rising vote of thanks was tendered all the speakers which was given unanimously.

The afternoon session was occupied with routine business, reports of committees, etc.

The resignation of Miss Ellen M. Hunt, chairman of the Legislative Committee, was read and accepted with regret. The secretary was instructed to write Miss Hunt a letter of appreciation for all the hard work done while chairman of this committee.

The members of the Magazine Committee, on account of illness and pressure of work, reported nothing definite being accomplished, but hoped to get to work in the near future. Miss West was appointed editor as well as chairman of this committee.

The meeting decided to employ a stenographer for the regular meetings that there may be verbatim copies of the addresses, papers, and discussions.

The committees on Visiting Nursing, Nursing in Families of Moderate Means, and Almshouse Nursing, had reached no definite outline or plan of work along these lines.

The committee on Nursing in Families of Moderate Means is composed of five members, of which Mrs. Lily M. Quintard has been appointed chairman.

Mrs. Moyer, who intended going to San Francisco for the convention of the Nurses' Associated Alumnae of the United States, was asked to represent Pennsylvania and was so instructed.

The Legislative Committee reported that not much had been done in the past six months. Miss Heldman was appointed chairman of this committee until the October meeting. Raising funds to carry on this work was discussed and it was decided to send a circular letter to all alumnae associations not represented at this meeting, asking for their help. Those present promised to do what they could,—some promised specific amounts,—individually, and for their associations. The funds are to be in the treasurer's hands by July 1, 1908.

It was also decided to have some one canvass the state in the interests of registration, and Miss West was asked to do this work as she seemed best fitted for it.

Miss Reid spoke of the work of the Allegheny County Nurses' Association, and of a form of credential given to graduate nurses and that preference will be given nurses holding such credentials by physicians; that the Directory is

being reorganized and that only those nurses holding such credentials will be eligible for admission.

Miss O'Sullivan, delegate from the Allegheny County Nurses' Association, gave an interesting account of its history and progress, and its financial condition, which merits congratulation.

Miss Pauley spoke of the Lehigh Valley Graduate Nurses' Association and is hopeful and ambitious and means to arouse the nurses in that section to greater activity.

Miss Brice, for the Lackawanna County Nurses' Association, reports disbanding because of few meetings and indifference of the members but hopes that they can reorganize and is going back to begin work.

The treasurer asked what is to be done with members in arrears for dues for four years, and on motion they were dropped from the roll of membership.

Those in arrears for dues for three years will be given until Jan. 1, 1909, after which date they, too, will cease to be members of the association.

Hon. A. G. Dewalt spoke on the last day's session, and gave excellent advice as to changes in some sections of our bill which he feels will be very helpful.

Mrs. John T. Stuart also gave a very interesting talk which was enjoyed.

The many social relaxations provided were most delightful and thoroughly enjoyed and appreciated, and the committee in charge of the arrangements were untiring in their efforts to make the visitors comfortable.

The following applications have been reported:

Held over from last meeting.....	3
New applications	99
Admitted	91
Held over	11

The next meeting of the association will be held in Philadelphia, in the third week in October, 1908.

Miss M. Margaret Whitaker has been appointed chairman of the Committee of Arrangements for this meeting.

NELLIE M. CASEY,
Assistant Secretary.

THE annual meeting of the Minnesota State Board of Nurse Examiners was held in Minneapolis, June 9th, at the residence of Miss Edith P. Rommel. There were present Miss Edith P. Rommel, R.N., president; Miss Helen M. Wadsworth, R.N., secretary; Miss Bertha Johnson, R.N., treasurer; Miss Eleanor J. Hamilton, R.N., Dr. Jeanette M. McLaren, and Miss Grace Watson, R.N., the new member of the board elected to fill the vacancy made by the resignation of Miss Hamilton. Miss Watson is a graduate of the City Hospital of Minneapolis and is now superintendent of the training school of Northwestern Hospital.

The officers of the examining board were reelected: Miss Edith P. Rommel R.N., president, Minneapolis; Miss Helen M. Wadsworth, R.N., secretary, St. Paul; Miss Bertha Johnson, R.N., treasurer, St. Paul.

REGULAR MEETINGS

ANN ARBOR, MICHIGAN.—The day following commencement, the Nurses' Alumnae Association of the University Hospital entertained the graduates at luncheon and held its annual meeting. The year's report showed good work done, the program published last fall was carried out with only one exception. An alumnae journal was sent to every graduate of the school (121) and the second one will be out soon. The officers elected were: president, Miss Fantine Pemberton; vice-president, Miss Lydia Schmeising; secretary, Miss May Williams; treasurer, Miss Helen Sellman.

ALBANY, N.Y.—The Alumnae of the Albany Hospital Training School held their annual banquet May 19th at the club house, 351 Hudson Avenue, the graduating class of 1908 being guests of honor. The banquet was largely attended.

The annual meeting of the association took place Wednesday, May 20th, when election of officers took place, as follows: president, Miss Elizabeth Tansey; first vice-president, Miss Helen Foster; second vice-president, Miss Catherine Kearney; recording secretary, Mrs. Wm. G. Keens; corresponding secretary, Miss Anna De Graff; treasurer, Miss Edith Loomis.

BATTLE CREEK, MICH.—At a meeting held May 21st by the Nichols Hospital Alumnae Association the following officers were elected: president, Sara A. Vail; vice-president, Lulu B. Barker; secretary, Mae McKenzie; treasurer, Sara Gourlay.

It was also voted to send money left in the treasury from last year to Miss Rachael North, for the American Christian Hospital, in Cales, Asiatic Turkey.

BOSTON, MASS.—The Executive Committee of the Boston Nurses' Club voted \$25 for the relief of the Nursing Staff of the Frost Hospital, Chelsea. The nurses lost all but the clothes they wore in the disastrous fire in April.

The club members realized eighteen dollars from a candy sale, and this amount, together with money, clothes and other articles personally collected and contributed, was applied to the relief of sufferers whose needs were known to the nurses.

BOSTON, MASS.—The Boston City Hospital Nurses' Alumnae Association held its thirteenth annual meeting at the Robbins Spring Hotel, Arlington Heights, Tuesday, June 2. Luncheon was served; the business meeting followed. There were fifty-six members present.

The delightful weather, and the beauties of the place of meeting made this a very pleasant outing.

GRAND RAPIDS, MICH.—The annual meeting of the Alumnae Association of Butterworth School for Nurses was held at the hospital, June 1st.

The following officers were elected for the coming year: President, Miss Warren; first vice-president, Mrs. Heming; second vice-president, Miss Morhous; recording secretary, Miss Bale; corresponding secretary, Miss Graham; treasurer, Miss V. Gifford; directors, Misses Cudney, Lyle and Butler.

A few sentences from our retiring president's address will show what we have accomplished in our two first years: "With a charter membership of sixteen we enroll to-day sixty-eight members, . . . we have become a part of the Associated Alumnae—and our meetings have been well attended, and in the main, interesting. . . . This alumnae has affiliated with the other alumnae societies of the city in the controlling of a central registry. This movement is new to all of us. . . . To the loyalty of every member do we owe our prosperity."

It was with much regret that the alumnae accepted the retirement of Miss Morhous, who has been a faithful, hard-working president for two years.

BROOKLYN, N. Y.—The Brooklyn Hospital Training School Alumnae Association held its last meeting for the season June 2nd, with twenty-eight members present. The chief business discussed was affiliation with the Red Cross Society. Nothing definite was decided. Miss Hadden, the delegate to the San Francisco convention sent a most interesting report of proceedings.

CINCINNATI, O.—The midsummer meeting of the Cincinnati Hospital Alumnae Association was held June 1st in the parlors of the nurses' home. Very little business was transacted. The association voted to award a medal for general excellency to one member of each graduating class.

The Endowment Committee reports increase in the bank account. The evening closed with refreshments and entertainment.

COLUMBUS, O.—The regular monthly meeting of the Graduate Nurses' Association of Columbus was held May 6th at the home of Miss Stewart, 44 S. Washington St.

The meeting was well attended and the regular business transacted. Dr. James Rector gave a very interesting lecture, the subject being, "Diagnosis, Cause, and Treatment of Atony of the Stomach Muscles."

HARTFORD, CONN.—The semi-annual meeting of the Connecticut branch of the Red Cross Society was held at 64 Pearl Street, June 5th. Mrs. Sarah T. Kinney, the secretary, reported the enrollment of ten new nurses for service in the Red Cross; two were men. One of these is now doing hospital work in Panama. There are in all twenty-five enrolled for service in the Red Cross, in Connecticut. Mrs. Kinney spoke of the many applications she has had from nurses who have never had any training, which she has had to refuse, as those enrolled in the Connecticut branch have to be registered nurses whose applications are approved by the State Board of Examiners.

CINCINNATI, O.—The Jewish Hospital Alumnae Association held a regular meeting May 1st. The president, Mrs. George Ilsen, presided. Twenty members responded to roll-call with current events. After the reading of the minutes the Chair appointed tellers who declared the following officers elected for the year 1908-1909: president, Mrs. George Ilsen; vice-president, Miss Abbie Roberts; recording secretary, Miss Ruth Ardill; corresponding secretary, Miss Ernestine Mielziner; treasurer, Miss Isabel Ardill.

Great enthusiasm was manifested regarding plans for endowing a bed in the Jewish Hospital and the Alumnae responded most generously. Miss A. Reynolds gave a most comprehensive paper on "The Public School Nurse."

NEW YORK, N. Y.—At the annual meeting of the Association of Graduate Nurses of Manhattan and Bronx, officers for the ensuing year were elected as follows: president Mrs. F. W. Brockway, Johns Hopkins Hospital; vice-president, Miss A. P. Lyon, Brooklyn Homeopathic Hospital; secretary, Miss A. S. Bussell, Newton Hospital, Mass.; treasurer, Miss A. Carson, N. Y. Polyclinic Hospital; trustees, Miss A. C. Maxwell, Boston City Hospital; Miss J. C. Stilson, Massachusetts General Hospital; Dr. T. Spring-Rice, St. Mary's Hospital, Brooklyn, N. Y.

Delegates to the meetings of the New York County Nurses' Association were elected as follows: Mrs. Brockway, Mrs. Moore, Miss Carson, Miss Bussell, Miss Collins, Miss Stilson, Miss Lyon, Dr. Spring-Rice, Miss Strang, Miss Cooper, Mrs. Schermerhorn, Miss Nicolai, Miss F. Aurell, Mrs. Bolton. Delegate to the New York State Nurses' Association, Mrs. Brockway.

Meetings of this association are held on the second Monday of the month from October to June inclusive, at half past four in the afternoon, this being the hour best suited to the nurse on private duty.

Nurses who are graduates of registered hospitals are eligible for membership.

This association was formed six years ago to provide a local society for nurses, graduates of hospital schools in other cities, who are practising in New York City, giving such nurses through this society full representation in the New York County and the New York State Nurses' Associations, to all meetings of which societies, delegates are sent.

Requests for further information may be sent to the president, Mrs. F. W. Brockway, 183 West 73rd Street, or to the secretary, Miss A. S. Bussell, 1947 Broadway, Room 326, New York City.

PATERSON, N. J.—The annual meeting of the Paterson General Hospital Alumnae Association was held at the hospital on June 2nd, fifteen members being present. An interesting meeting followed with a letter from our delegate to the San Francisco Convention and a paper on district work. Three new members were added.

At the close of the meeting a reception was tendered the members of the graduating class. The following officers were elected for the year: president, Miss Grace M. Carmichael; first vice-president, Miss Jean R. McDonald; second vice-president, Miss M. E. O'Neil; recording secretary, Miss Florence

Demarest; corresponding secretary, Miss Edith Cooper; Executive Committee, Miss J. Osborne, Miss K. Magill, Miss R. Bidmead.

PHILADELPHIA, PA.—The Alumnae Association of the Presbyterian Hospital, Philadelphia, at a special meeting in April, had the pleasure of listening to a talk from Miss Nutting of New York. Miss Nutting spoke of her work and the present course of study for superintendents of hospitals.

At the close of the meeting the visiting alumnae associations of the city and also the members of the Philadelphia County Association were entertained at tea in the nurses' home.

The alumnae association also gave a reception to the members of the present graduating class. During the winter a number of excellent papers have been prepared and read at the various meetings by different members of the association. The end of a very successful year was marked by the annual meeting held April 24, 1908.

PHILADELPHIA, PA.—The annual meeting of the Alumnae Association of the Training School of St. Timothy's Hospital, Roxborough, was held at the hospital, on April 14th. The officers for the year are: president, Miss S. E. Connell; vice-president, Miss Mary Hanna; treasurer, Miss Phillipine Whilhelm; secretary, Miss Margaret MacRae.

After the usual routine business Deaconess Colesberry, of St. Martha's House, gave a most inspiring talk on "The Ideals to be Maintained in the Daily Duties."

CLEVELAND, OHIO.—The annual meeting of the Alumnae Association of the Training School for Nurses of the Cleveland Homœopathic Hospital was held in the parlors of the hospital, June 3d. The election of officers was as follows: president, Miss Anna Gladwin; first vice-president, Miss Sarah B. Stevens; second vice-president, Miss Carrie Foser; secretary, Miss Cora Templeton; corresponding secretary, Miss Bertha M. Hoenig; treasurer, Mrs. Ellen D. Nicely.

COLUMBIA, S. C.—The Columbia Nurses' Association has been organized with the following officers: president, Miss A. O. Benson; secretary, Miss G. E. Wilson; treasurer, Miss Ida Hendrix. This association is doing a good work in Columbia, where state registration has not yet been secured, though the state association is making a hard fight for it.

NEW YORK, N. Y.—At the annual meeting of the Alumnae Association of the Bellevue Training School for Nurses, the following officers were elected for the ensuing year: president, Miss Chamberlain; first vice-president, Mrs. Joslyn; second vice-president, Miss Townsend; recording secretary, Miss West; corresponding secretary, Miss Derthick; treasurer, Miss Paulding; directors: Misses Damer, Rhodes, Slayton, Jewel, and Wells.

MINNEAPOLIS, MINN.—The Hennepin County Graduate Nurses' Association held its regular monthly meeting on June 10th. Following the business meeting, Miss Edith P. Rommel, R.N., president of the association, gave a talk on the convention of the Nurses' Associated Alumnae of the United States held at San Francisco in May. Miss Rommel was sent as Minnesota state delegate as well as representative of Hennepin County Association. Her report in detail from the time she left Minneapolis until her return was very interesting and was enjoyed by the forty nurses who were present at the meeting.

At the June meeting of the graduate nurses of Minneapolis, held at the residence of Dr. Marion A. Mead, Mr. Charles E. Leigh, President of the Lavoris Chemical Co., of Minneapolis, presented to the body of nurses a gross—standard size bottles—of "Lavoris" Mouth-wash which was greatly appreciated by the recipients.

NEWTON, MASS.—The Newton Nurses' Alumnae Association held three monthly meetings during the past year. A number of interesting lectures have been given on various topics. The officers elected for the coming year are: president, Miss H. E. MacAfee; vice-president, Miss Emley Starkey; secretary, Miss Bertha Allen; assistant secretary, Miss Beshop; treasurer, Miss J. Abbott. The Alumnae Association entertained the graduating class by taking it on a barge ride to visit the historic scenes in Concord.

PHILADELPHIA, PA.—The annual meeting of the Alumnae of the Protestant Episcopal Hospital Training School for Nurses was held in the nurses' home on June 3d. The following officers were elected for the ensuing year: president, Miss Annie C. Nedwill; first vice-president, Miss Sarah R. Willard; second vice-president, Miss Nellie M. Rennyson; secretary, Miss Frances M. DeMuth; treasurer, Miss Jessie M. Jones.

PITTSBURG, PA.—The annual meeting of the alumnae association of the Training School for Nurses of the Western Pennsylvania Hospital was held at the hospital, June 2d. The following officers were elected: president, Miss Leigh Thompson; first vice-president, Miss Clara John; second vice-president, Miss Evelyn Anderson; secretary, Miss Elizabeth Reid; treasurer, Miss Mary J. Weir; trustees: Mrs. Anna Taylor, Miss Nannie Brinley, Miss Maud McWycoff, Miss Myrtle Stuchell.

The social committee, with Miss Catheryn Hickey, chairman, is planning and working for a bazaar to be given in the early fall, the proceeds to be given to the building fund of the hospital.

ROCHESTER, N. Y.—The graduating class of the Rochester Homœopathic Hospital Training School was entertained by the Alumnae Association at its annual banquet at Teall's on Monday, June 8th. Covers were laid for sixty. Dancing followed a most enjoyable repast, and all voted the evening a great success.

ROCHESTER, N. Y.—The Monroe County Registered Nurses' Association gave a reception on June 9th for the graduates of 1908 of the different hospitals of the city. The City Hospital, St. Mary's Hospital, Lee Hospital, Hahnemann Hospital and the Homeopathic Hospital were all well represented. Each nurse wore her school colors, and a card with her name, and the nurses from each hospital sang their school song. After a very pleasant mingling together with an opportunity for getting acquainted, refreshments were served.

ROCHESTER, N. Y.—The annual meeting of the Lee Private Hospital Alumnae Association was held at the Lee Hospital, on June 12th. The following officers were elected for the ensuing year: president, Mrs. C. C. Inshaw; vice-president, Miss Alice Ehle; corresponding secretary, Mrs. L. A. Whitney; recording secretary, Mrs. George Lockington; treasurer, Miss Ida M. Hallett.

ROXBURY, MASS.—On Saturday, June 13th, the New England Hospital Alumnae Association held its annual meeting in the club house. The attendance was very good and the members manifested their interest by taking part generally in the discussions. The secretary took advantage of the unusually large number present to make a plea for a more hearty and general support (through subscriptions) of the AMERICAN JOURNAL OF NURSING.

The following officers were elected: president, Miss Isabella R. Hall; first vice-president, Miss Drusilla Hodgins; second vice-president, Miss Catherine Foote; third vice-president, Miss M. Josephine Beers; secretary, Miss Sybella T. Haviland; assistant secretary, Mrs. Roberta Perry; treasurer, Miss Sarah Beatty. Four new directors were chosen: Mrs. Elizabeth Abbott, the Misses Lillian Navarro, Georgena Stoddard, Annie O'Connor.

After adjournment, the association with Miss J. P. Christofferson entertained the members of the graduating class.

ROXBURY, MASS.—On May 20th and 21st, a bazaar was held in the rooms of the New England Hospital Nurses' Club, 13 Dimock Street, Roxbury, Mass. Its object was to raise funds for the benefit of the club house, which is now controlled by the Alumnae Association.

The rooms presented a very attractive appearance, and the fair was a success both socially and financially. Much credit for this success is due the chairman of the committee, Miss M. Josephine Beers, and the members who so willingly assisted her. The members wish to extend their thanks also to the friends of the nurses and to those of the hospital staff, who gave not only material help, but encouragement by their presence.

WILLIAMSPORT, PA.—The regular monthly meeting of the Williamsport Hospital was held at the nurses' home on May 29th. Nomination and election of officers were held on the same day. The result was as follows: president, Mrs. Crowe; vice-president, Miss Petit; secretary, Mrs. Gundrum; corresponding secretary, Miss Simmons; treasurer, Miss Sallada; assistant corresponding

secretary, Miss Hipple. Several of these officers were reëlected. A vote of thanks was tendered to Mrs. H. C. McCormick for her many kindnesses to the members as pupil nurses, her continued interest in their welfare, and her munificent gift of the nurses' home, with its many comforts and conveniences, which all enjoy. Wishes were expressed that she might enjoy many, many years of happiness.

CHICAGO, ILL.—The secretary of the Alumnae Association of the Wesley Hospital Training School for Nurses, asks for the addresses of the following graduates: Eliza Abby, Amanda Auskland, Anna Bitzer, Katherine Bozeman, Katherine Bredahl, Maggie Brennan, Ethel Burnham, Ida Crae, Erva Craigmile, Clara Daly, Phoebe Etter, Elizabeth Guest, Ellen Hodge, Drusilla Irmingar, Mrs. Jean Leckie, Hulda Perry, May Sayre, Bertha Sanderman, Mary Wilson, Laura Yeamans. These addresses should be sent to R. Belle Hinman, 2940 Prairie Avenue, Chicago, Ill.

CLEVELAND, O.—The Alumnae Association of the Training School for Nurses of the Cleveland Homeopathic Hospital, entertained the graduating class of 1908 at a luncheon given at "Tellings," on Euclid Avenue, May 15th. Toasts and addresses were given by different members of the association. Many were present and all had an enjoyable time.

PERSONALS

MISS ADDA ELDREDGE, a graduate of St. Luke's, Chicago, will take charge of the preliminary training there on July 8th.

MRS. FERGUSON, of the Woman's Hospital, Philadelphia, has accepted the position of directress of the Columbia Hospital.

MISS MARY STELLING, class of 1904, Columbia Hospital, has accepted the position of superintendent of the Anderson Hospital.

MISS NELLIE M. CASEY, recently in charge of the Graduate Nurses' Club-house in Philadelphia, is in Baltimore doing tuberculosis work.

MISS S. C. FRANCIS, directoress of Nurses, Touro Infirmary, New Orleans, La., is with friends in Norristown, Pa., convalescing from a prolonged illness.

MISS ROSE A. YOUNG, New York City Hospital, class of 1907, is doing private nursing in Columbia, as is also Miss Olivia Leine of the Charleston City Hospital.

MISS SARAH K. BALDWIN, R.N., a graduate of Bellevue, spent the winter in Florida with a patient, and is staying on during the summer to do obstetrical work there on account of the scarcity of nurses.

MISS MARY L. STRATTON, of the Kingston General Hospital, Kingston, Ontario, but recently of the Chicago Presbyterian Hospital, has succeeded Miss Frances May as night supervisor of the Memorial Hospital, Richmond, Va.

MISS BESSIE ABBOTT, a graduate of the University of Michigan Hospital, has taken the position of superintendent of nurses in the General Hospital at Ashtabula, Ohio. Miss Minnie Mead will enter the Mayo Hospital at Rochester, Minnesota.

MISS GRACE WATSON, class of 1891, Illinois Training School, has resigned her position as superintendent of the Children's Memorial Hospital, Chicago, which she has held for some years. MISS CORA OVERHOLT, class of 1899, is in charge of the department of domestic science at Hahnemann Hospital, Chicago.

MISS CHARLOTTE GREGORY, a graduate of Wesley Hospital, Chicago, has accepted a position as superintendent of the City Hospital at Princeton, Ill., and Miss Elsa Boyd, class of 1907, a similar position at Hastings, Neb. Miss Amy Green, assistant superintendent at Independence, Kansas, General Hospital, has resigned her position there and is doing private duty.

MISS CLARISSA H. GORDON, R.N., graduate of the New York City Training School for Nurses, class of 1892, has assumed the management of the Nurses' 57th Street Registry, New York. She has had experience in nurses' homes and registries both here and abroad. Miss Helen Cameron-Smith, who resigned her position with the registry April 1st, will resume private nursing in New York.

MISS AUGUSTA M. CRISLER, R.N., treasurer of Hennepin County Graduate Nurses' Association, is in California for a few weeks with a patient. Miss L. Louise Christensen, R.N., secretary of Hennepin County Association of Graduate Nurses, has returned after an absence of several weeks in Iowa to take up her regular duty, as well as that of acting treasurer during the absence of Miss Crisler.

WORD has been received from Mrs. Frederick Lowell Stanley of London, England, of the death of her husband and infant daughter, Isabel. Mrs. Stanley was formerly Helene Louise Watson, of Wesley Hospital, Chicago, holding a diploma from Johns Hopkins where she graduated in the class of 1906. She will return to Chicago, preparatory to going to the Isthmus of Panama, where she has a position in the government hospitals.

MISS ELIZABETH LEONHARDT, of the Episcopal Hospital, Philadelphia, is expecting to relieve Miss Winner as assistant in the Central Registry, Washington, D. C., in July. Miss Kelly, of the Hamilton Training School of Ontario, has been appointed assistant at the Eye, Ear and Throat Hospital. Miss Morand, of the University of Pennsylvania Hospital, is superintendent of nurses at the Washington Asylum Hospital. The salary of nurses there has been raised to thirty-five and forty-five dollars.

MISS MARY B. SOLLERS, who for nine years has been the faithful and efficient superintendent of the Home Hospital and Training School for Nurses at Lafayette, Ind., has been granted a leave of absence by the hospital board. Upon the eve of her departure the Graduate Nurses' Association of the city presented her with the handsomely bound books on "The History of Nursing" expressing their appreciation of Miss Sollers' help to them in their profession. Miss Mae D. Currie, of Indianapolis, who is secretary of Indiana State Nurses' Association will act as superintendent during Miss Sollers' absence.

MISS SNIVELY, of the General Hospital, Toronto, addressed the nurses of the graduating class, in the General Hospital, Kingston, Ontario, on April 23d. Jessie Scott, class of 1907, has been appointed superintendent of the General Hospital, Calgary, Alta, and entered upon her duties there, June 10th. Miss Snively gave a reception to Miss Scott on the afternoon of June 11th, which proved to be a most enjoyable affair. Miss M. A. B. Ellis, class of 1907, has been appointed assistant in the General Hospital School for Nurses, Toronto. Mary Smeeton, class of 1908, has accepted a position as visiting nurse in Philadelphia, Pa.

THEODORA M. TOWNSEND, Presbyterian Hospital, Chicago, Ill., 1907, has been appointed assistant to the superintendent of Englewood Hospital, Chicago. Miss May Elsey, class of 1907, has accepted an appointment under the Presbyterian Board to act as head nurse in a mission hospital in Syria, sailing in early fall to take up her duties there. Miss Myra Jones (Royal Victoria Hospital) having given up her position on the staff of the Presbyterian Hospital, will be succeeded by Miss Louise Morrison, class of 1906. Miss Mary S. Merritt and Miss Gertrude E. Craig, class of 1908, have accepted positions in charge of wards at the Elgin Hospital for the Insane, Elgin, Illinois.

MRS. FRED. J. BROCKWAY, R.N., has recently been appointed general secretary of Stoney Wold Corporation, with offices in New York City, her duties begin in January, 1909. For the past few years Mrs. Brockway has had charge of the Department of Membership of the American Museum of Natural History, New York City. She is a graduate of Johns Hopkins Hospital Training School for Nurses, Baltimore, Md., in fact she was the first nurse to enter the school, graduating in 1901. She has never engaged actively in nursing, but she has always shown deep interest in the progress and development of nursing along professional lines. She is a member of the alumnae of her own school, and is a registered nurse in Maryland and in New York State, is president of the Association of Graduate Nurses of Manhattan and Bronx, and vice-president of the New York County Nurses' Association, also chairman of the Legislative Committee of the New York State Nurses' Association.

Mrs. Brockway has the best wishes of her many friends for success and happiness in her new work, in which her experience and ability will be undoubtedly of great value.

MISS R. ELIZABETH BIDMEAD, retiring superintendent of the training school, was tendered a farewell reception by the nurses of the Paterson General Hospital. Miss Bidmead left for a health trip abroad on June 15.

The reception was held in the Thomas Barbour solarium. Scores of vari-colored Chinese and Japanese lanterns decorated the interior and exterior of the solarium, while flags also were used in the scheme of decorations.

Miss Edith Rogers was chosen to act as master of ceremonies. Miss Nana Haywood gave the first toast, "To Miss Bidmead." The nurses joined in heartily expressing "bon voyage" to the guest of the evening and also expressed regret at the parting. Miss Bidmead responded to the toast.

The toast, "The Hospital," was given by Miss Jeannette Gunn, and the

response was made by Miss Carman Zillafro. "The Graduates" was given by Miss Annette Slingsly, and, for the class, Miss Teresa Gillett responded. Night Supervisor Miss Jessie Hennes gave "The Class of '09," Miss Gladys Hamilton making the answer to the toast. "The Class of '10" was given by Miss Anna Wiley, while the answer was made by Miss Edith Ross.

Following the toasts, speeches were made by Superintendent Thomas R. Zullick, Dr. J. R. Tarpley, Dr. Silas Murray and Dr. William Whalon. Refreshments were served and a general social time followed.

Miss Bidmead has been one of the most capable superintendents the hospital ever had. She graduated from the institution's training school in 1892, and has been superintendent for two years. She will be succeeded by Miss Inch, a graduate of a New York hospital, who will assume charge on June 15.

BIRTHS

A DAUGHTER to Mrs. David Powell, formerly Miss Peiz, class of 1905, Columbia Hospital.

ON March 30th, a daughter to Mrs. Vance Gandy, formerly Margaret McTaggart, class of 1906, Columbia Hospital.

ON April 21st, at South Bend, a son to Mrs. Herbert M. Bransford, formerly Grace Ellsworth, class of 1898, University of Michigan Hospital.

ON February 6th, at Morenci, Arizona, a daughter to Mrs. Louis J. Owen, formerly Mary MacDougall, class of 1903, Rhode Island Hospital.

ON June 4th, at Brooklyn, N. Y., a daughter to Mrs. Harry Brearley, formerly Jessie Twillman, class of 1905, Methodist Episcopal Hospital, Brooklyn.

ON December 25th, 1907, at Providence, Rhode Island, a daughter to Mrs. C. G. Hilliard, formerly Margaret Shields, class of 1904, Rhode Island Hospital.

ON September 29th, 1907, at Providence, Rhode Island, a daughter to Mrs. Donald Churchill, formerly Harriott B. Pearce, class of 1900, Rhode Island Hospital.

MARRIAGES

ON June 16th, at Evanston, Ill., Sinah M. File, class of 1904, Illinois Training School, to Dr. Frederick F. Kitzing.

ON March 25th, at Central Falls, Rhode Island, Annie M. Owens, class of 1904, Rhode Island Hospital, to Hervie P. Lees.

ON June 10th, at Boston, Josephine A. Murphy, class of 1898, Carney Hospital Training School, to Joseph L. Muldoon, of Brighton.

ON April 22d, Frances Robinson, class of 1906, Hahnemann Hospital, Chicago, to Thomas Inskip. They will live at Champaign, Ill.

ON April 25th, at San Antonio, Texas, Margaret Young, graduate of the John Sealy Hospital, Galveston, to John Brown, of Cleveland, Ohio.

ON April 15th, at Toronto, Mary Jones, class of 1893, Toronto General Hospital, to Samuel Lukes. They will live at Allerton House, Bradford, Ontario.

ON May 14th, at Dixon, Ill., Edith May Buffett, class of 1905, Hahnemann Hospital, Chicago, to Dr. Winfield Scott Morrison. They will live at Minonk, Ill.

ON February 9th, at New York City, Mae Bailey, class of 1907, Methodist Episcopal Hospital, Brooklyn, to Charles Stone, M.D. They will live in Brooklyn.

ON March 18th, at Waupaca, Wisconsin, Leona Humiston, class of 1906, Illinois Training School, to Isaac Stoppie. They will live at Walworth, Wisconsin.

ON April 7th, at Cannington, Ontario, Nellie Ross, class of 1904, Toronto General Hospital, to T. Cloudeley Brereton, M.D. They will live in Carn-duff, Saskatchewan.

ON June 6th, at Sandwich, Ill., Frances M. West, class of 1906, Hahnemann Hospital, Chicago, to Isaac Francis Hatcher. They will live at Morris, Ill., after September 1st.

ON April 23d, at St. James Church, Carlton Place, Eleanor McArton, class of 1904, Toronto General Hospital, to Robert Neil Kyles, M.D. They will live in Orangeville, Ontario.

ON June 3d, at Brown's Town, Jamaica, B. W. I., Ethel Maude Levy, class of 1905, Toronto General Hospital, to Percival W. Murray. They will live at Windsor House, Brown's Town.

ON June 11th, at Salineville, Ohio, Jessie E. Loyd, class of 1898, Cleveland Homeopathic Hospital, to Robert Tarr. Miss Loyd has been connected with the Visiting Nurse Association of Cleveland for more than four years.

ON June 1st, at Muscatine, Iowa, Elizabeth J. Trafton, R.N., to Frederick L. Appel, M.D. They will live in Muscatine. Miss Trafton was one of the first class to graduate from the Benjamin Hershey Memorial Hospital of Muscatine, 1904, and has since been doing private nursing.

ON May 21st, at Orlando, Florida, Adair Irwin Dunn, class of 1905, McKinley Hospital, Trenton, New Jersey, to Dr. Gaston Holcombe Edwards. Dr. and Mrs. Edwards will reside at the Isthmian Canal Commission Hospital at Cristobal, Canal Zone, where Dr. Edwards is a member of the surgical staff, and where Mrs. Edwards formerly held a position.

ON June 10th, Mildred Ada Gray, class of 1904, Toronto General Hospital, to Alexander Jackson, M.D. They will live in Bolton. Miss Gray has held the position of superintendent of the Toronto Hospital for Incurables for the last four years, and was made the recipient of many handsome and valuable gifts by the Board of Trustees, the nursing staff, and numerous friends.

DEATHS

ON April 22d, at Jamestown, North Dakota, Miss Elizabeth J. Clarke, class of 1899, Rhode Island Hospital.

AT Quincy, Ill., recently, Mrs. Center, formerly Miss Edith Campbell, class of 1891, Illinois Training School, after a long illness bravely borne.

ON April 18th, at North Brother's Island, N. Y., Miss Mabelle Strawinski, a graduate of St. Timothy's Hospital Training School, class of 1907. Miss Strawinski died from the effects of an infection in her arm, contracted while nursing a patient with diphtheria. Her friends received the news with keen sorrow.

HOSPITAL AND TRAINING-SCHOOL NOTES



PHILADELPHIA, PA., is to have another hospital. The incorporators of a charter for a Lutheran Hospital are looking for a site in West Philadelphia. The hospital is to cost about \$50,000.

AN admirable report on the care of the feeble-minded in Ontario, being the second report and census, has recently been presented by Dr. Helen MacMurchy to the Ontario Legislative Assembly at its request and is published by its order. The report is a pamphlet of some thirty odd pages, and is a valuable document. Beside studying her question at home Dr. MacMurchy went to England and visited schools for the feeble-minded and attended the International Congress of School Hygiene in London. The report should be found in all special libraries.

THE graduating exercises of the Training School for Nurses of the Allegheny General Hospital, Pittsburgh, were held on the afternoon of May 21st in the Third United Presbyterian Church, next door to the hospital, in which was afterward given a reception to the friends of the graduates, the guest of honor being Mrs. Hunter Robb. Mrs. Robb gave an inspiring address on "Some Nursing Problems of the Day," which was enthusiastically listened to by an audience of several hundred, mainly composed of physicians and nurses from Pittsburgh and Allegheny. Scholarships were awarded to the following:

Senior Year: Inez Ladd, Ipava, Ill.; Sidney Jane Hill, Blairsville, Pa.

Intermediate Year: Edith Poutney, Hamilton, Can.; Isabella Wilson, Pittsburgh, Pa.

Junior Year: Margaret Cameron, Glengarry, Can.

Graduating Class: Mary E. Chatham, Allegheny, Pa.; Jennie Brown, Wilmerding, Pa.; Inez Ladd, Ipava, Ill.; Margaret Modeland, Hamilton, Canada; Esther M. Matthews, Ligonier, Pa.; Teresa R. Bate, Dunnville, Canada; W. Emma Schiedeman, Bethany, W. Va.; Linnie B. Hayden, W. Alexander, Pa.; Marian Louise Stanley, Springfield, Mass.; E. Concordia Buetzow, Allegheny, Pa.; Emma Lose, Blairsville, Pa.; Marie W. Thompson, Grove City, Pa.; Olive E. McCullen, Franklin, Pa.; Jennie O. Spilhang, Coraopolis, Pa.; Katherine J. Burnett, Staunton, Va.; Violet McCully, St. Mary's, Canada; Bertha M. Gates, Emlenton, Pa.; Grace P. Ballard, Pittsburgh, Pa.; Hortense Jackson, Orillia, Canada; Mary Roberta Buckner, Pittsburgh, Pa.; Ethel Anderson, Emlenton, Pa.; Jane Hill, Blairsville, Pa.

THE commencement exercises of the class of 1908 of the Clifton Springs Sanitarium Training School for Nurses were held in the Tabernacle on June 18th, with the following program: March, Miss Parker; Scripture Reading and

Prayer, Rev. S. H. Adams; Solo, Miss Ruby Newcombe; Address, "Sanitation and the Nurse," H. M. Imboden, M.D.; Solo, Miss Ruby Newcombe; Selection, Orchestra; Presentation of Diplomas and School Pins, Rev. W. J. Beecher; Parting Words, Mrs. M. E. Foster; Benediction, Rev. W. J. Beecher.

The graduates were: Anna M. Kindred, Lucy M. Howe, Winnifred Tingley, Alice V. Newton, Hannah M. F. Bowman, Sarah J. Ferguson, Julia G. Burgess, Edna B. Van Camp, Lillie Newcombe, Margaret M. Treen.

THE commencement exercises of the graduating class of the Columbus State Hospital Training School for Nurses were held on May 19th in the Hospital Hall, followed by a reception in the Administration Department. The program was: Invocation, Rev. N. W. Good; Overture, State Hospital Orchestra; Introductory Remarks, Dr. George Stockton, superintendent; Address to Graduates, Dr. J. Edwin Brown; Presentation of Diplomas, Hon. H. H. Greer, president of Board of Trustees; Presentation of School Badges, Dr. George Stockton, superintendent; Benediction, Rev. N. W. Good.

The graduates were: Katherine C. O'Hearn, Columbus, Ohio; Josephine E. Phelps, Broadway, Ohio; Helen M. Scheiderer, Marysville, Ohio; Osa N. Sinkey, Centerburg, Ohio; Nina B. Huddleston, Centerburg, Ohio; Anna W. Kennedy, Kenton, Ohio; Minnie M. Anstead, Vinton, Ohio; Estle N. Edwards, Columbus, Ohio; Dell V. Hicks, Gallipolis, Ohio.

THE graduating exercises of the 1908 class of nurses of the Georgetown University Hospital were held June 5th at Gaston Hall, Georgetown University. Rev. Father David Hillhouse Buell, S.J., president of the university conferred the diplomas. The presentation of medals was by Professor George Tully Vaughan. The graduates are: Agnes McGoun, Ann Doyle, Annie Garkins, Minnie Schaufele, Irene S. Dyer.

THE graduating exercises for the class of 1908 of the Illinois Training School for Nurses, were held in the amphitheatre of Cook County Hospital on May 26th. The class numbered forty-two.

An interesting feature of the exercises was the awarding of six scholarships by the management, two for each class: of one hundred dollars, the first; and fifty dollars, the second. These were given those having the best average both in practical, and theoretical work. Those awarded scholarships were:

Senior Class: Elizabeth Jackson, Missouri; Mamie Montgomery, Iowa.

Middler Class: Christine Lekivetz, Minnesota; Anna Richardson, Wisconsin.

Junior Class: Cora Kopple, Illinois; May I. Givans, Ohio.

The Emma C. Hackett prize of ten dollars for the best paper on an assigned subject of obstetrics was won by Marie Skyrud, Wisconsin.

THE graduating exercises of the School for Nurses of the Memorial Hospital, Richmond, Va., were held on May 20th in the amphitheatre of the Medical

College of Virginia. The baccalaureate sermon was given by the Rev. Geo. McDaniel at the First Baptist Church the preceding Sabbath.

The following fifteen nurses received their diplomas: Elzaida Loster, Lillie B. Beard, Rebecca B. Bland, Frances Boyd, Vivianna Costenbaden, Laura Darlington, Josephine G. Dennen, Lessie I. Holston, Jennie E. Jones, Frances B. Ligget, Cleopatra J. Major, Courtney Perry, Ivy L. Thomasson, Maude A. Vaughan, Lurie E. Wood.

ON May 27th, the class of 1908, Metropolitan Training School, was entertained at dinner by the superintendent of nurses, Miss Agnes S. Ward, the guest of honor being Miss Jane M. Pindell, the former superintendent.

The dining room was decorated with African grasses, baskets, and curios from Congo Free State and the menus, written in that language on blue and white paper (the school colors), were interpreted by Miss Ward.

From eight to ten-thirty, the class entertained its friends in the lecture room, which was decorated with green and red, the class colors.

Program: President's Address, Eleanor Agnes Lynch; Class Poem, Grace Gilmoure Nichols; Class History, Anna Miriam Hassenplug; Piano Solo, Nellie Victoria Root; Class Prophecy, Maud Laretta Stanton; Class Critics, Margaret Josephine Barry; Presentation Oration, Alice C. Page; Class Song, "Farewell '08," Class.

Refreshments were then served in the dining room and several speeches made by the guests.

On May 30th the graduating exercises were held in the Solarium and notwithstanding the most inclement weather, about three hundred guests were present.

Hon. Robert W. Heberd, Commissioner of Public Charities, presided. Addresses were made by Dr. Clinton L. Bagg, Dr. William Francis Honan, Rev. William J. Cartwright, C.S.P., and Dr. J. Wyllis Hassler. The Hippocratic Oath was administered and diplomas presented by Mrs. William Kinnicutt Draper, president Board of Managers, to the following nurses: Maude L. Stanton, Alice C. Page, Margaret J. Barry, Mary Soper, Louise Strong, Helen S. Callahan, Anna B. Gardner, Margaret Quance, Kathleen Driscoll, Anna M. Hassenplug, Eleanor A. Lynch, Grace G. Nichols, Eleanor T. O'Rourke, Clara E. Sheffield, Nellie V. Root, Etta M. Frazer.

The Egbert Guernsey prize of fifty dollars in gold, and a certificate of general excellence for the three years presented by Miss Florence Guernsey, was won by Eleanor A. Lynch. Miss Lynch also won the prize for general excellence in the third year, Eleanor T. O'Rourke winning the prize for best bedside record.

The prizes for the undergraduates were won as follows: General excellence, Mrs. E. Beatrice Christie, and Emily Smart.

A reception was held at the nurses' home from five-thirty to seven, and dancing was enjoyed in the Solarium until twelve P.M.

THE graduating exercises of the Rochester Homeopathic Training School for Nurses were held at the East High School on June 4th.



CLASS OF 1908, METROPOLITAN HOSPITAL TRAINING SCHOOL, BLACKWELL'S ISLAND, NEW YORK.

THE commencement exercises of the class of 1908 of the Santa Rosa Hospital Training School for Nurses in San Antonio, Texas, were held on the evening of May 11th in the lecture halls of the institution.

Dr. Julius Braunagel, the dean of the faculty, and Dr. Ferdinand Herff, Sr., the venerable physician who, since the foundation of the institution, has practised within its walls, awarded diplomas to Sister St. Appalonia, San Antonio; Sister St. Meiurad, San Antonio; Elizabeth Boyle, Kansas City, Mo.; Kathleen Cassidy, Kansas City, Mo.; Emily L. Rabb, Mobile, Ala.; Cecilia M. Chambers, Co. Clare, Ireland; Agnes O'Conner, San Antonio; Marie Meehan, Illinois.

The medal of honor for excellence and proficiency in studies was awarded to Cecilia Mary Chambers, of Co. Clare, Ireland. The second prize was won by Marie Meehan, of Illinois. The valedictory was delivered by Miss O'Conner of San Antonio.

Rev. James M. Kirwin of Galveston, the orator priest of the South, delivered an address in behalf of the sisters. Drs. Ferdinand Herff and James Hall Bell also addressed the graduates. With a selection from the orchestra, the entertainment was brought to a successful close.

Following the commencement exercises, the management of the infirmary gave a banquet to the physicians, the graduating class, and their friends.

THE graduation exercises of the St. Luke's Hospital Training School for Nurses, New Bedford, Mass., were held May 16th at 4 p.m., in the assembly room of the "White Home." The address was delivered by Miss M. Adelaide Nutting, director of Hospital Economics, Columbia University, on "Opportunities for the Graduate Nurses." Diplomas were presented by Mr. Chas. W. Clifford, president of the Board of Trustees, the benediction by the Rev. C. M. Gallup. Mrs. Benjamin Anthony, president of the Women's Board presented the speakers with suitable remarks. The six graduates were: Misses Helen S. Lapham, Grace A. Russell, Luetta F. Howes, Nellie G. Mills, Mabel B. O'Brien, and Mrs. Jennie T. Dahlman.

THE closing exercises of the twenty-sixth graduating class of the Training School for Nurses of the Toronto General Hospital were held in the amphitheatre of the hospital on June 17th, followed by a reception. The program was as follows: Prayer, Rev. H. Francis Perry, D.D.; Address, J. W. Flavelle, LL.D.; Report, Miss M. A. Snively; Address to the Graduating Class, Charles Cockshutt, Esq.; Presentation of Diplomas and Badges, President Falconer, M.A., LL.D.; Presentation of Prizes by the donors.

The prizes and scholarships were won as follows:

Scholarships, Senior Year: The C. C. Scholarship (\$50): General proficiency, practical work, deportment and administrative ability, Sarah McClure Morrow. The J. D. Patterson Scholarship (\$50): Surgical technique and aseptic surgery, Jean C. Leishman. The Alumnae Association Scholarship (\$25): Practical essay on preparation and after-care of an abdominal section, Alice Ross.

Prizes, Senior Year: First Prize, general proficiency, offered by Dr. Charles O'Reilly, Clarissa A. Hasenflug; Second Prize, general proficiency, offered by Mrs. Walter S. Lee, Mary Alice Smeeton; Third Prize, general proficiency, offered by R. L. Patterson Todmorden, Eva Hyslop; Special Prize, practical nursing, offered by Dr. J. N. E. Brown, Florence Margaret Ross, Martha Olive Bradley; Special Prize for neatness and order in bedroom, offered by Mrs. R. B. Hamilton, Eva J. Garrett, Florence Margaret Ross, Nellie G. Minns.

Scholarships, Intermediate Year: The Mrs. A. T. White Scholarship (\$50): For general proficiency and practical work, Nellie Thompson. The John G. C. Durham Scholarship (\$25): For deportment and ethics, E. Nora Campbell. The Arthur McCollum Memorial Scholarship (\$50): In the Junior Year for general proficiency and practical work, Laura Gamble.

THE commencement exercises of the University Hospital Training School for Nurses, of Kansas City, were held at Willis Wood Theatre on the afternoon of May 8th. The following were the graduates: Grace C. Powers, Fay Jopling, Flora Graffin, Anna R. Wood, Eveleta M. King, Nannie M. Williamson, S. Florence Haley, Ceil Liston, Katharine W. Borkman, Carolyn Gibbons, Irma F. Bray, Hilda Abbott.

On the evening of May 7th the graduating class was entertained by the University Nurses' Alumnæ, with a dance and card party given at Morton's Hall.

THE University of Michigan Training School for Nurses, Ann Arbor, held graduating exercises in the Palmer ward of the hospital on May 28th. The rooms were tastefully decorated. The ten head nurses were present, and the sixty-five pupil nurses in uniform. The graduating class numbers nine. Rev. Carl S. Patton, pastor of the Congregational Church, offered prayer. Rev. Carolina Bartlett Crane, of Kalamazoo, gave an address which will help the nurses to be better women and more professional nurses. Mrs. Crane spoke highly of "The History of Nursing," by Miss Nutting and Miss Dock. Miss Lelia Farlin of the School of Music sang three solos. Pres. James B. Angell gave remarks appreciative of nurses' work and presented the diplomas in behalf of the Regents of the University. Refreshments and dancing followed.

The graduates are: Gertrude R. Chubbuck, Hamburg, N. Y.; Laura M. Davis, Copper Harbor; Bernice L. Wortman, Ionia; Mae E. Tuomy, Ann Arbor; Lillian E. Burke, Milan; Florence J. Price, Scranton, Pa.; Florence M. Culbertson, Ridgeway; Ada M. Forrest, Toronto, Canada; Genevieve Gillespie, Tecumseh.

THE graduating exercises of the Victoria Hospital Training School for Nurses were held on May 20th at the Grand Opera House, London, Ontario. The program was as follows: Prayer; Selection, Tony Cortese Orchestra; Address, Rev. W. L. Rutledge; Song, Miss Labatt; Nightingale pledge taken by the Graduates, Presentation of Diplomas and Badges, Chairman Mr. S. Screaton; Song, Mr. Cyril Dwight-Edwards; Address, Dr. J. D. Balfour; Presentation of Special Prize Medals, Dr. J. S. Niven; Song, Miss Mortimer; Address, Chairman, His Worship Mayor Stevely; National Anthem.

A reception was held in the evening at the nurses' home. The graduates were: Clare E. Engeland, Edith L. Wilson, Ethel R. Reavely, Edith F. MacBain, Tresa E. Walker, Mayme W. Webster, Esther Mills, Alison C. Dickison, Flossella Steele, Della R. McLoud, May Corcoran.

THE graduating exercises of the Training School for Nurses of the Western Pennsylvania Hospital were held in Conservatory Hall on the evening of May 22d, with the following program: March, Gunther's Orchestra; Invocation, Rev. Geo. Russell; Soprano Solo, "Parla Waltz" (Arditti), Mrs. Grace Hall-Riheldaffer; Piano Solo, "Tarantelle" (Schumann), Mr. Stephen H. Leyshon; Address, Director Arthur A. Hammerschlag; Awarding of Diplomas, President James R. Mellon; Presentation of Badges, Dr. James W. MacFarlane, President of Staff; Piano Solo, Etude in D Flat (Liszt), Mr. Stephen H. Leyshon; Solo (a), "The Geranium Bloom" (Cadman), (b), "Summer" (Chaminade), Mrs. Grace Hall-Riheldaffer; Benediction, Rev. Geo. J. Russell; Reception; Music, Gunther's Orchestra.

Class of 1908: Mildred G. Hearn, Monongahela, Pa.; Lyda M. Cunningham, Bellevernon, Pa.; Rose C. Burkett, Humbert, Pa.; Bessie M. Garwood, California, Pa.; Emma P. Myers, California, Pa.; Clara I. Steinecker, Franklin, Pa.; Lyda E. Burbridge, New Milton, W. Va.; Myrtle M. Jones, Circleville, Pa.; Margaret J. L. Kline, Duquesne, Pa.; Margaret B. Hibbert, New Alexander, Pa.; Alice H. Prout, Pittsfield, Mass.; Grace E. Beauford, Bolivar, Pa.; Rose F. McCullough, Wilkinsburg, Pa.; Lillian M. Simner, South Loraine, Ohio; Eliza Maybury, Bradford, Pa.; Marie E. Logan, Ludlow, Pa.; May Holland, Bellevue, Pa.; Post-Graduate, Mary Trainor, Ireland.

THE graduating exercises of the Paterson General Hospital Training School for Nurses were held in St. Paul's Parish House on June 3d, on which occasion diplomas and pins were given to Theresa Gilletto, Jeannette C. Gunn, Jessie Hennis, Nana Haywood, and Edith Rogers. Miss Gunn received the surgical prize. After the exercises a reception and dance was given the nurses and their friends.

THE graduating exercises of the Rochester City Hospital were held on June 18th at the hospital. The members of the class were: Marion H. Henderson, Elizabeth V. Bell, Iva M. Johnson, Maude E. Train, Mabel L. Crocker, Mary L. Shutt, Berta E. Smith, Tessa M. McChesney, Julia C. Smith, Grace Brown, Anna M. Mattern, Georgiana Wing, Minnie M. Stephens, Lillian M. Fish, Ruby J. Williams, Henrietta E. Windell, Anna E. Bill.

THE commencement exercises of the Methodist Episcopal Hospital Training School, of Brooklyn, N. Y., were held in the chapel of the hospital on June 4th, when twelve young ladies received their diplomas and pins. The following comprise the class of 1908: Misses Desua Erdman, Edith M. Jewett, Mary D. Mosson, Maude E. Smith, Luella J. Wellman, Ethel B. Ransom (valedictorian), Caroline J. Albrecht, Henrietta M. Howell, Mabel Gill, Bessie Clint, Frances M. Zeh, Irene Kunz.

THE graduating exercises of the Columbia Hospital, Columbia, South Carolina, for 1908, were held on April 23d in the Presbyterian Chapel, followed by a reception in the nurses' home. The members of the class are Belle Boland, Marjory Timmons, Minnie Trenholm, Della Ross, Mae Muller, and Mary Mobley.

THE graduating exercises of the Training School for Nurses of the Wesley Hospital, Chicago, Ill., were held on June 4th, at the Auditorium. Diplomas were awarded the following young ladies: Hilda Burton, Kathryn Dixon, Edna DuBois, Ethel Foy, Cora Hearne, Nina Kellogg, Nellie Kier, Anna Larson, Mabel McCracken, Jessie Nickerson, Ruth Pohl, Lula Sayre, Marie Skade, Nellie Sullivan, Frances Young. In the evening they were given a banquet at the Lakeside Club House, by the Alumnæ Association, and were entertained at luncheon, on Thursday, by Mr. Perley Lowe, president of the hospital board.

ON June 1st, the fourth graduating exercises of the School for Nurses of the Presbyterian Hospital, Chicago, were held in the reception rooms of the home. Sixteen young women were given diplomas. The prize winners were: Mary Jacobson, Chicago; Alma Kittilson, Stoughton, Wisconsin; Estelle Fountain, Detroit, Michigan; Jeanette Fletcher, Nebraska; Alice Morse, Massena, Iowa, and Ellen Moore, Hayes, South Dakota. Dr. Frank Billings gave the address to the class.

The private pavilion of the Presbyterian Hospital, Chicago, is nearing completion. It is anticipated that it will be used for patients the end of August or early in September.

THE commencement exercises of the Training School for Nurses of the McKinley Hospital, Trenton, New Jersey, were held in the State Street Methodist Episcopal Church on the evening of June 11th. Anna C. Weisenberger, Ethel McNinney, Ray LaRue, Florence Piper, and Priscilla Ryan comprise the graduating class.

DURING the first year of the Central Registry of Washington, D.C., one hundred and seventy-nine nurses have enrolled and one thousand and four calls have been answered. Much of its success is due to the efficient work of Miss Winner, registrar. Twenty-four subscriptions to the JOURNAL have been received through the registry.

THE Mercer Hospital, Trenton, New Jersey, graduating exercises were held in Prospect Street Presbyterian Church on May 19th. Names of graduates: Edna I. Richardson, Toms River, N. J.; Ada F. Hayes, Reading, Pa.; Florence S. Johnson, England; Mabel H. Wyatt, New York. Miss Alice A. Gemmill is superintendent of the hospital and of the nurses.

TWENTY-SEVEN babies of the Foundlings Hospital, Washington, D. C., in charge of Miss Hegeling and assistants moved to their beautiful country home in the suburbs of the city.

THE names of the graduates of this year from St. Francis Hospital, Trenton, N. J., are: Rose Maurey, Richmond, Va.; Frances Vallilee, Sowanda, Pa.; and Katherine Ryan, Anna Leigle, Margaret McCarrol, Gertrude Devlin, Leona Berod, and Sister Mary Gondolpha, of Trenton.

THE graduating exercises of the Training School for Nurses of the Protestant Episcopal Hospital, Philadelphia, Pa., class of 1908, were held in the hospital chapel, June 2d at 8 P.M., followed by a reception in the nurses' home. Bishop Mackay-Smith presented diplomas to the following nurses: Nellie D. M. Smith, Scotland; May Shannon, Ireland; Mary A. Bloomfield, Mary A. Miller, England; Mary K. Carmichael, Mary E. Goode, Canada; Florence Nightingale Correll, Japan; Lela M. Height, Emily W. Lomax, New Jersey; Rosa J. Moxley, Ada B. Dunsmore, Ada F. Fraelich, Marian L. Carkhuff, Emelia R. Willig, Mary A. Van Pelt, Mary E. Strine, Bertha Stead, Lilian J. Hay, Myra E. Hummel, Lila F. Blackwell, Edith M. Maue, Effie V. Anderson, Edith M. Henneberger, Amelia S. Diller, Bertha M. Lutz, Ella Napier, of Pennsylvania.

THE names of the graduating class of the Cleveland Homeopathic Hospital are as follows: Agnes M. Galester, Ada Lunn, Bertha L. Wilt, Sadie H. Green, Ida M. Beale, Elsie B. Clein, May E. Staples.

THE new Tuberculosis Municipal Hospital, of Washington, D. C., north of the city, was finished June 15th. It is four stories, of red brick, and in a fine grove of trees. Four wards are closed and four are open. The nurses have two floors of eight rooms each, in one of the wings. Miss Watkins, of the George Washington Hospital, will have charge of the nursing with Miss Silcott as night superintendent.

The Home for Incurables, Washington, D. C., has received \$20,000 for an extension, which was badly needed. The sum was donated by those interested in the work in response to an appeal by the managers.

THE graduating exercises of the Training School for Nurses of the John Sealy Hospital at Galveston, Texas, were held May 30th, at 8 P.M., in the Scottish Rite Cathedral.

This training school is a part of the Medical Department of the University of Texas, and the exercises were held in conjunction with those of the medical and pharmacal schools.

Certificates of proficiency in nursing were awarded the following young women: Bula Baugh, Olga Franks, (Mrs.) Kate Moran, (Mrs.) Johanna Blamar, Grace Wheeler, Urala Myland, Nancy Tipton, Gertrude Houston, (Mrs.) Lyda Bishop, Katherine Yager, Frieda Ender, Mattie Dickson, Beulah Smith, Edna Titsworth, Mary G. Wood, Anna Berkshire.

DR. L. B. T. JOHNSON has given \$50,000 to the Garfield Memorial Hospital as a memorial to his wife to be used for a children's ward.

The appropriation from Congress this last year to the same hospital was \$24,480 to be used for improvements on the grounds.

AT Kingston, Ontario, a farewell reception was given at the nurses' home to the graduating class by the staff of the General Hospital. There were games and dancing followed by refreshments, after which the guests clasped hands and sang Auld Lang Syne.

THE graduating exercises of the General Hospital, Kingston, were held on April 24th. Prizes were won as follows: Miss Jean Scott, B.A., for the best essay on ethics and for the highest honors in the finals; by Miss Mamie Meldrum for standing first in the intermediate class; and by Miss Annie Bailey for excellence in the junior class. The address was given by Miss Sniveley, of Toronto. The graduates were: Margaret M. Black, Myrtle M. Wallace, Bertha J. Willoughby, Annie R. Hinchey, Mary M. Hudson, Mollie Pringle, Margaret M. Cochrane, Mary L. Webster, Jean M. C. Scott, B.A., Henrietta J. Hall, Martha E. Chipman.

THE graduating exercises of the class of 1908 of the Minnequa Hospital, Boulder, Colorado, were held at the Casa Vivenda. The graduates are: Elizabeth G. Costalin, Margaret L. Scott, Elma Goodman, Johanna E. Erickson, and Pearl C. Smith. The diplomas were presented by Dr. R. W. Corwin, president of the school, and the address was given by Cass E. Herrington of Denver, his subject being "Florence Nightingale and Her Wonderful Work in the Crimean War." After the exercises refreshments were served and dancing was enjoyed.

THE annual commencement of the Philadelphia School for Nurses, 2219 Chestnut Street, were held May 27th in the Garrick Theatre. The address was made by Dr. W. A. Newman Dorland. There were one hundred and twelve graduates, two of whom received gold medals.

DR. HOWARD has been appointed head of the Brigham Hospital and has resigned from the Massachusetts General. He is going abroad for a year to study hospital plans and equipment in Europe. Dr. Washburne, his first assistant, will take his place.

DR. G. H. M. ROWE is very much out of health and has decided to go abroad until he has fully recovered. He will be accompanied by his sister, Miss Rowe.

MR. HENRY PHIPPS, philanthropist, of Pittsburgh, has given \$750,000 to the Johns Hopkins Hospital to establish a department for the study and treatment of nervous and mental diseases. The gift will benefit both the university and the hospital, as it provides for a handsome four-story addition to the hospital and its maintenance for ten years, and a new department for the university.

THE following set of questions was used by the District of Columbia Nurses' Examining Board in the April examination.

ANATOMY, PHYSIOLOGY AND HYGIENE

1. Mention two long and two flat bones; locate each.
2. Mention three kinds of movable joints; give an example of each.
3. Name chief respiratory muscle.
4. Name divisions of alimentary canal.
5. Mention principal waste products and how each is eliminated.
6. Where is the lachrymal gland located; what does it secrete?
7. What is the action of the pancreatic juice?
8. Why is abundance of fresh air and sunlight important?
9. What is the best method of ventilating and heating a room?
10. What precaution should be taken as regards drinking water; what is the average daily amount necessary to good health?

MEDICAL NURSING AND EMERGENCIES

1. Give in detail the care of patient and sick room.
2. Name the different kinds of pulse and respiration.
3. How would you give artificial respiration?
4. Give care of bedsores and the care for prevention of them.
5. *a.* What are the complications of typhoid fever? *b.* What nursing measures may be used for same?
6. Describe how the bladder should be washed out.
7. Give treatment of infantile convulsions previous to doctor's arrival.
8. *a.* What nursing measures may be used in hemorrhage from the stomach and lung? *b.* Differentiate both.
9. What are the most important things to be done in pneumonia?
10. What is commonly used to eliminate poison in case of coma from nephritis?

MATERIA MEDICA

1. What is meant by physiological action? What is toxicological action of a drug?
2. Is there any error in the following; if so, correct same: "If patient's skin is dry and pungent give atropine sulphate, gr. 1-100 by mouth; if perspiring profusely give pilocarpine gr. 1-12 at 8 P.M. to-night."
3. What is a cathartic? How may they act? Name a cathartic which is beneficial in dropsical conditions.
4. Give dosage of the following: strychnine sulphate, atropine sulphate, nitroglycerine, and morphine sulphate.
5. Give antidotes for poisoning by: carbolic acid; opium; chloral; arsenic.

DIETETICS

1. Name three foodstuffs rich in albumen in the order of their importance.
2. Describe process of digestion and absorption of albuminoids.
3. What is the object of cooking vegetables and of cooking meats?
4. Give frequency of feeding patient on liquid diet and on plain diet; why the difference?

5. Name any two diseased conditions which may be brought about by dietetic error; state how.

SURGICAL AND CONTAGIOUS

1. *a.* What do you mean by "general anæsthetic?" *b.* Give examples. *c.* How would you prepare a patient for same if the doctor gave no orders?

2. *a.* What dangers are to be looked for after abdominal section? *b.* What symptoms would lead you to send for the doctor?

3. What nursing care would you give a patient after abdominal section?

4. Why is it necessary to take temperature as long as there is an unhealed wound?

5. What is a fracture? Define simple and compound.

6. What special care would you give fractured femur; how would you change under sheet in such a case?

7. *a.* How would you sterilize instruments? *b.* Are instruments with cutting edges to be treated the same as others?

8. What are the dangers to be expected from scarlet fever; how would you try to prevent them?

9. What means would you use to prevent the spread of scarlet fever, diphtheria and measles?

10. If you have no chemical disinfectants, what means can you use to disinfect clothing and bedding?

OBSTETRICS AND GYNÆCOLOGY

1. *a.* What is pregnancy? *b.* What are the signs of pregnancy?

2. Name bones of the pelvis, and the generative organs of the female.

3. Give diet of nursing mother, mentioning foods of special value and foods that you would avoid.

4. What effect does constipation have on the mother's milk; what is the result with the baby?

5. What care would you give an infant immediately after birth?

6. *a.* What is the pulse of a child at birth; at one month? *b.* How would you take a baby's temperature?

7. *a.* What is abortion? *b.* What is premature labor? *c.* What is extra-uterine pregnancy?

8. What is post-partum hemorrhage; what would you do to control it while awaiting the arrival of physician?

9. Name three positions in which gynæcological patients are placed for instrumental examination; describe one of them.

10. Give statement of after-care of a case of perineorrhaphy.

PRACTICAL SUGGESTIONS



IN bathing a baby who dislikes getting into the tub, try folding a crash towel and putting it at the bottom of the tub; it may make him like it.

S. W.

IN an obstinate case of fish bone sticking far down in the throat, several marshmallows swallowed whole (it can be done) as rapidly as possible, will carry down the bone.

S. W.

FOR insomnia, an electrical vibrator, attached to an ordinary electric wire, applied to the spine and arms, gives much relief. Or, try the following, handed down by a scrub woman from an old German doctor, it has been known to give relief when other remedies failed. Put socks on the patient, then with a sponge and a bowl of water, thoroughly wet them. Wrap each foot in a large piece of flannel or half a blanket, pinned, to protect the bed. The wetting is repeated as often as the patient awakens. When the socks are removed, rub the feet with alcohol and apply external heat.

N. E. B.

A RESTLESS patient is often soothed by simply moistening the soles of the feet. This may be done under almost any circumstances if alcohol is added to the water used.

A. E. W.

HAVE you ever tried a rubber sponge in place of the ordinary wash cloth in giving a bath? It is a luxury! No cold corners dangling about to give one the "creeps."

A. E. W.

GUM chewing after meals is often effectual in relieving indigestion. Try spruce gum. If indulged in too freely, however, certain facial muscles become abnormally developed.

A. E. W.

A DRY brush removes fresh deposits from the teeth much more effectually than a wet one. When once freed from the teeth they can be removed from the mouth with a wet brush or by thorough rinsing with clear water. Try brushing the teeth up and down rather than across. It may be a little awkward at first but the surfaces *between* the teeth are more thoroughly cleaned in this way. That is where decay often begins.

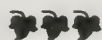
A. E. W.

A LINEN Turkish towel is excellent when friction is needed and no bath desired. A splendid substitute, and cheaper, is a towel dipped in a strong brine—preferably of sea salt—and dried without wringing. Several may be prepared at once and be put away for future use. They are equal to a salt rub and are very refreshing, giving a warm glow to the skin.

A. E. W.



CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING JUNE 15, 1908.

COOK, ETHEL F., formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged.

CRAIG, MARY E., transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.

DODDS, FRANCES B., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

DUNCAN, ADELAIDE, formerly on duty at Camp Keithley, P. I., married in Manila; discharged.

HAENTSCHE, AMALIE IDA, transferred from San Francisco to duty in the Philippines Division; sailed June 5th.

HODGES, EDITH MARGARET, graduate of Orange Memorial Hospital, Orange, New Jersey, 1903, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KALLAWAY, OLIVE V., transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.

KERR, ROSA M., graduate of the Orange Memorial Hospital, Orange, New Jersey, 1907, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

LATIMER, JUNIA HATTIE, transferred from General Hospital, Fort Bayard, to the General Hospital, Presidio of San Francisco.

MCVAN, MARY V., transferred from the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard.

NILES, FLORANCE A., formerly on duty at the General Hospital, Fort Bayard, discharged.

NORDHOFF, PAULA E., graduate of the Philadelphia City Hospital, 1894, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

NOWINSKEY, FRANCES, transferred from the General Hospital, Presidio of San Francisco, to duty in the Philippines Division; sailed June 5th.

YOUNG, AGNES G., formerly chief nurse, Division Hospital, Manila, P. I., discharged.

ZIEGLER, BARBARA, transferred from the General Hospital, Fort Bayard, to the General Hospital, Presidio of San Francisco.

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of the United States

HELD IN
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Program

MISS SARA E. PARSONS, R.N.	MISS CLARA D. NOYES
MISS E. M. COURRIER	MISS NELLIE M. CASEY

SPECIAL COMMITTEES

Executive

MISS ANNIE DAMER, R.N.

MISS SARAH E. SLY

MISS ANNA DAVIDS, R.N.

MISS ADELAIDE NUTTING

MISS ANNA L. ALLINE, R.N.

Transportation

MRS. C. V. TWISS MISS LINNA G. RICHARDSON
MISS ANNIE E. RECE

Relief of Sick in Almshouses

Miss L. L. Dock, chairman, with power to choose her associates

Pension or Insurance Fund

MISS M. E. P. DAVIS MISS ISABEL McISAAC
MISS ANNIE DAMER, R.N.

Nominating

DR. HELEN PARKER CRISWELL MISS EMMA C. LINDBERG
MISS GRACE HOLMES MISS BENA M. HENDERSON
MISS SARAH J. GRAHAM

Red Cross Work

MRS. HUNTER ROBB	MISS ANNA C. MAXWELL
MISS GEORGIA M. NEVINS	MISS ANNIE DAMER, R.N.
MISS DEWEY	

LIST OF ASSOCIATIONS HAVING MEMBERSHIP IN THE ASSOCIATED ALUMNÆ, TOGETHER WITH SECRETARIES AND DELEGATES REGISTERED.

Allegheny General Hospital, Pittsburgh....	{ Secretary, Miss MYRTLE O. GRAY, Allegheny Hospital, Pittsburgh, Pa.
No delegate.	
Augustana Hospital, Chicago.....	{ Secretary, Miss JOHANNA NELSON, Augustana Hospital, Chicago, Ill.
No delegate.	
Baltimore City Hospital, Baltimore.....	{ Secretary, Miss DENSEY MITCHELL, R.N., 1105 Madison Avenue, Baltimore, Md.
No delegate.	
Battle Creek Sanitarium and Hospital, Battle Creek	{ Secretary, Miss CARRIE ZAHN, Battle Creek Sanitarium, Battle Creek, Mich.
Delegates.....	MRS. M. S. FOY, MISS MADGE ROGERS.
Bellevue Hospital, New York.....	{ Secretary, Miss DERTHICK, 14 East 42d Street, New York, N. Y.
Delegates.....	MISS MARY E. WADLEY, MISS GERTRUDE MONTFORT, MISS MAE F. COSTELLO.
Boston and Massachusetts General, Boston.	{ Secretary, Miss AGNES E. AIKMAN, 24 McLean Street, Boston, Mass.
Delegates.....	MISS ELIZABETH M. JAMIESON, MISS MARY F. BIRMINGHAM.
Boston City Hospital, Boston.....	{ Secretary, Miss ELIZABETH C. FAIRBANK, 2150 Dorchester Avenue, Dorchester, Mass.
Delegates.....	MISS IDA A. NUTTER, MISS BESSIE G. R. MCLEAN, MISS ELLA V. WILDERSON, MRS. ELIZABETH A. STILLMAN, MISS JESSIE MACDONALD, MISS MARCELLA S. HEAVREN.
Brooklyn Homeopathic Hospital, Brooklyn.	{ Secretary, Miss STELLA M. HEALY, 126 Greene Avenue, Brooklyn, N. Y.
No delegate.	
Brooklyn Hospital, Brooklyn.....	{ Secretary, Mrs. ALICE DEZOUCHE, 66 Montague Street, Brooklyn, N. Y.
Delegate.....	MARIE HADDEN.
Buffalo General Hospital, Buffalo.....	{ Secretary, Miss ANNA LOVELAND, 100 High Street, Buffalo, N. Y.
No delegate.	
Butterworth Hospital, Grand Rapids.....	{ Secretary, Miss BEATRICE GRAHAM, 73 Sheldon Street, Grand Rapids, Mich.
No delegate.	
California Hospital, Los Angeles.....	{ Secretary, Miss EVA B. JOHNSON, 942 Potter Park Avenue, Los Angeles, Cal.
Delegates.....	MISS MARGARET E. WALLER, MISS MAE E. P. DURBIN.
Chicago Baptist Hospital, Chicago.....	{ Secretary, Miss ELEANOR JESTER, 3156 South Park Avenue, Chicago, Ill.
Delegate.....	MISS MATILDA JOHNSON.

- Children's Hospital, Boston.....{ Secretary, Mrs. E. J. LEAVITT,
76 Columbia Street,
Maplewood, Mass.
No delegate.
- Children's Hospital, San Francisco.....{ Secretary, Miss ADA M. BOYE,
3821 Sacramento Street,
San Francisco, Cal.
Delegates.....MISS ELEANOR HOLDEN, MISS JENNIE BURKE.
- Church Home and Infirmary, Baltimore...{ Secretary, Miss MARY A. HAMMAR,
750 Reservoir Street,
Baltimore, Md.
No delegate.
- City Hospital of Akron, Akron.....{ Secretary, Miss MERRY C. ECHOLES,
Care Miss Marie A. Lawson, City
Hospital of Akron, Akron, Ohio.
No delegate.
- City and County Hospital, Denver.....{ Secretary, Mrs. E. GREEN,
Care City and County Hospital,
Denver, Col.
No delegate.
- City and County Hospital, St. Paul.....{ Secretary, Miss DELIA O'BRIEN,
86 Western Avenue,
St. Paul, Minn.
Delegate.....MISS MAY BEDFORD.
- City Hospital, Minneapolis.....{ Secretary, Miss LUCY E. HALBERT,
1523 University Avenue, S. E.,
Minneapolis, Minn.
No delegate.
- Columbia and Children's Hospital, Wash- { Secretary, Miss FREDERICA BRAUN,
ington, D. C.....{ 2001 I Street,
Washington, D. C.
No delegate.
- Connecticut Training School, New Haven..{ Secretary, Miss ANNA G. WARD,
9 University Place,
New Haven, Conn.
Delegates.....MRS. EDITH BALDWIN LOCKWOOD, MISS ROSE M.
HEAVREN.
- Erie County Hospital, Buffalo.....{ Secretary, Mrs. R. W. TAYLOR,
492 Crescent Avenue,
Buffalo, N. Y.
No delegate.
- Farrand Training School, Detroit.....{ Secretary, Miss ADA M. SAFFORD,
219 Hancock Avenue, E.,
Detroit, Mich.
Delegates.....MISS SARAH E. SLY, MISS K. E. CONKLIN.
- Faxton Hospital, Utica.....{ Secretary, Miss RUTH A. YALE,
Deansboro,
Oneida, N. Y.
Delegate.....SARAH A. WOGLUM.
- Freedmen's Hospital, Washington, D. C...{ Secretary, Miss M. A. ALLEN,
518 T Street, N. W.,
Washington, D. C.
No delegate.
- French Hospital, San Francisco.....{ Secretary, Miss LILAH J. DUNCANSON,
779 Oak Street,
San Francisco, Cal.
Delegate.....MISS LILAH J. DUNCANSON.
- Garfield Memorial Hospital, Washington, { Secretary, Miss MARY C. KELL,
D. C.{ The Portner,
Washington, D. C.
No delegate.
- German Hospital, Brooklyn{ Secretary, Mrs. MAY PFEIFFER,
313 Stuyvesant Avenue,
Brooklyn, N. Y.
No delegate.

- German Hospital, New York { Secretary, Mrs. A. RUSS,
532 East 86th Street,
New York, N. Y.
Delegate.....MISS IDA HENTSCHE.
- Germantown Dispensary and Hospital, { Secretary, Miss HELEN COTTER,
Philadelphia { Germantown Avenue, Germantown,
Philadelphia, Pa.
Delegate.....MISS ETHEL F. COOK.
- Grace Hospital, Detroit..... { Secretary, Miss MARTHA S. TOWN-
SEND, Grace Hospital,
Detroit, Mich.
Delegate.....MISS ZAYDE L. IVES.
- Grant Hospital, Columbus { Secretary, Mrs. E. G. BAYLER,
120 South Grant Avenue,
Columbus, O.
No delegate.
- Hahnemann Hospital, Chicago { Secretary, Miss NITA WOMACKS,
2814 Groveland Avenue,
Chicago, Ill.
No delegate.
- Hahnemann Hospital, Philadelphia..... { Secretary, Miss LOUZETTA E. COR-
NISH, 716 North 19th Street,
Philadelphia, Pa.
Delegate.....MRS. V. V. HAYDEN.
- Hartford Hospital, Hartford..... { Secretary, Miss CATHERINE S. ANN-
ABLE, 29 Buckingham Street,
Hartford, Conn.
No delegate.
- Hope Hospital, Fort Wayne..... { Secretary, MISS E. M. WEAVER,
2431 Webster Street,
Fort Wayne, Ind.
Delegate.....MISS EDITH HARTWELL.
- Hospital of the Good Samaritan, Los An- { Secretary, Mrs. CATHERINE C. POT-
geles { TENDER, Pottenger Sanitarium,
Monrovia, Cal.
Delegate.....MRS. CATHERINE C. POTTENDER.
- Hospital of the Good Shepherd, Syracuse. { Secretary, Miss ARVILLA E. EVER-
INGHAM, County Hospital,
Onondaga, N. Y.
Delegate.....MISS LOUISE RIGBY.
- House of Mercy, Pittsfield..... { Secretary, Miss EDITH M. SAFFORD,
House of Mercy Hospital,
Pittsfield, Mass.
No delegate.
- Illinois Training School, Chicago..... { Secretary, Mrs. BERNARD FANTUS,
328 Marshfield Avenue,
Chicago, Ill.
Delegates.....MRS. FREDERICK TICE, MISS ELLEN V. ROBINSON, MRS.
CLARA SANFORD LOCKWOOD, MISS MATHILD KRUEGER, MISS JESSIE
CHRISTIE, MISS MARY A. PERKINS, MISS NELLIE B.
McMILLAN.
- Indianapolis City Hospital, Indianapolis.. { Secretary, Mrs. ANNA D. HAZELRIGG,
335 West 20th Street,
Indianapolis, Ind.
No delegate.
- Jefferson Medical College Hospital, Phila- { Secretary, Miss ADA N. DOM,
delphia { 1700 Arch Street,
Philadelphia, Pa.
No delegate.
- Jewish Hospital, Cincinnati { Secretary, Miss ERNESTINE MIEL-
ZINER, Care Jewish Hospital,
Cincinnati, O.
No delegate.
- Jewish Hospital, Philadelphia..... { Secretary, Mrs. WALTER F. PULLIN-
GER, 2148 Nedro Street,
Germantown, Pa.
No delegate.

- John N. Norton Memorial Infirmary, Louisville { Secretary, Miss ELLA C. FRANCIS,
Norton Memorial Infirmary,
Louisville, Ky.
Delegate.....MISS MARY T. JENNINGS.
- Johns Hopkins Hospital, Baltimore..... { Secretary, Miss CHRISTINA M. DICK,
625 West Franklin Street,
Baltimore, Md.
Delegates.....MISS ADA M. CARR, MISS MARION FORD, MISS KATHERINE
FITCH.
- King's County Hospital, Brooklyn..... { Secretary, Miss JULIA DONOGHUE,
181 Lexington Avenue,
New York City.
No delegate.
- Lakeside Hospital, Chicago..... { Secretary, Miss EDITH RASMUSSEN,
4214½ Berkley Avenue,
Chicago, Ill.
No delegate.
- Lakeside Hospital, Cleveland..... { Secretary, Miss LENA DRAPER,
Lakeside Hospital,
Cleveland, O.
Delegate.....MISS LOTTIE A. DARLING.
- Lane Hospital, San Francisco..... { Secretary, Miss JULIA A. HYDE,
2098 Pine Street,
San Francisco, Cal.
Delegate.....MISS S. GOTEA DOZIER.
- Lebanon Hospital, New York..... { Secretary, Miss MARIE SCHMIDLING,
230 West 123d Street,
New York, N. Y.
No delegate
- Long Island College Hospital, Brooklyn... { Secretary, Miss ANNA DAVIDS, R.N.,
128 Pacific Street,
Brooklyn, N. Y.
Delegate.....MISS ANNA DAVIDS, R.N.
- Maine General Hospital, Portland..... { Secretary, Miss EDITH L. SOULE,
10 South Street,
South Portland, Maine.
No delegate.
- Maryland General Hospital, Baltimore.... { Secretary, Miss ELIZABETH G. PRICE,
R.N., 205 North Fulton Avenue,
Baltimore, Md.
No delegate.
- Maryland Homeopathic Hospital, Balti- { Secretary, Miss LILLIAN KOHLMAN,
more 1011 Arlington Avenue, North,
Baltimore, Md.
No delegate.
- Massachusetts Homeopathic Hospital, Bos- { Secretary, Miss CARLOTTA A. MAR-
ton SHALL, Massachusetts Homeopathic
Hospital, Boston, Mass.
Delegate.....MISS EDITH G. CREESY.
- Massachusetts State Hospital, Tewksbury. { Secretary, Miss M. ALICE MORRIL,
223 Newbury Street,
Boston, Mass.
No delegate.
- Medico-Chirurgical Hospital, Philadelphia. { Secretary, Mrs. PHAON J. REX,
Ambler, Pa.
Delegate.....Mrs. M. I. Moyer.
- Memorial Hospital, Richmond { Secretary, Miss AUGUSTA B. MEYER,
201 East Grace Street,
Richmond, Va.
No delegate.
- Methodist Episcopal Hospital, Brooklyn... { Secretary, Mrs. MARGARET CULBERT,
127 Seventh Avenue,
Brooklyn, N. Y.
Delegate.....MRS. HARRY TAYLOR.

- Methodist Episcopal Hospital, Philadelphia. { Secretary, Miss ROSALIE FERREE,
4104 Girard Avenue,
Philadelphia, Pa.
No delegate.
- Metropolitan Hospital, New York..... { Secretary, Miss HELENE D. BENGSTON,
Metropolitan Hospital, Blackwell's
Island, New York, N. Y.
No delegate.
- Mercy Hospital, Chicago..... { Secretary, Mrs. E. TUIITE HOLMBERG,
3592 Archer Avenue,
Chicago, Ill.
No delegate.
- Michael Reese Hospital, Chicago..... { Secretary, Mrs. C. A. GRAVES,
388 44th Street,
Chicago, Ill.
Delegate.....MISS ELECTA VAN EMAN.
- Mount Sinai Hospital, New York..... { Secretary, Miss E. N. UNDERWOOD,
54 Morningside Avenue,
New York, N. Y.
No delegate.
- National Homeopathic Hospital, Washing- { Secretary, Miss NETTIE M. HARVEY,
ton, D. C. 2410 14th Street, N. W.,
Washington, D. C.
- New England Hospital, Roxbury..... { Secretary, Miss SYBILLA T. HAVI-
LAND, Care New England Hospital.
Roxbury, Mass.
Delegate.....MISS MAUD McKENZIE.
- Newport Hospital, Newport { Secretary, Miss MARGARET McLEAN,
St. George's School,
Newport, R. I.
No delegate.
- Newton Hospital, Newton Lower Falls.... { Secretary, Miss BERTHA ALLEN,
Newton Hospital,
Newton Lower Falls, Mass.
No delegate.
- New York City Hospital, New York..... { Secretary, Miss FLORENCE M. KELLY,
420 West 116th Street,
New York, N. Y.
Delegates.....MISS DORA THOMPSON, MRS. LUCY MORGAN,
MISS ADELAIDE MABIE.
- New York Hospital, New York..... { Secretary, Miss L. M. WYGANT,
604 West 112th Street,
New York, N. Y.
Delegates.....MRS. M. LOUISE TWISS, MISS ANNA WILLIAMSON.
- New York Post-Graduate Hospital, New { Secretary, Miss LANDELLES DING-
York WALL, 596 Lexington Avenue,
New York, N. Y.
Delegates.....MISS SARAH J. GRAHAM, MISS JENNIE R. ALLEN.
- North Adams Hospital, North Adams..... { Secretary, Miss ANNIE MOSSIP,
25 Arnold Place,
North Adams, Mass.
No delegate.
- Northwestern Hospital, Minneapolis..... { Secretary, Miss BERTHA E. MERRILL,
2805 Grand Avenue,
Minneapolis, Minn.
Delegate.....MISS EDITH A. GATZMAN.
- Old Dominion Hospital, Richmond..... { Secretary, Miss ELIZABETH R. P.
COCKE, Box 22,
Bon Air, Va.
Delegate.....MISS FRANCES JONES.
- Orange Training School, Orange..... { Secretary, Miss JULIA BRONIS,
270 Fremont Avenue,
Orange, N. J.
No delegate.

- Pasadena Hospital, Pasadena { Secretary, Miss MYRTLE ORMAN,
464 East Walnut Street,
Pasadena, Cal.
Delegate.....MISS SARAH SHANE.
- Paterson General Hospital, Paterson..... { Secretary, Miss EDITH COOPER,
711 East 18th Street,
Paterson, N. J.
Delegate.....MRS. JEANNETTE F. PETERSON.
- Pennsylvania Hospital, Philadelphia..... { Secretary, Miss EMMA C. LINDBERG,
Pennsylvania Hospital,
Philadelphia, Pa.
Delegates.....MISS EMMA C. LINDBERG, MISS ANNA C. GARRETT.
- Philadelphia Hospital, Philadelphia..... { Secretary, Miss M. L. VAN THUYNE,
425 Vine Street,
Philadelphia, Pa.
Delegate.....MISS M. LOUISE VAN THUYNE.
- Polyclinic Hospital, Philadelphia..... { Secretary, Miss KATHARINE WOOD,
Polyclinic Hospital,
Philadelphia, Pa.
No delegate.
- Pittsburgh Homeopathic Hospital, Pitts- { Secretary, Miss WILHELMINA DUNCAN,
burgh 43 Federal Street,
Pittsburgh, Pa.
No delegate.
- Presbyterian Hospital, Chicago { Secretary, Miss THEODORA M. TOWN-
SEND, Englewood Hospital,
Englewood, Ill.
No delegate.
- Presbyterian Hospital, New York..... { Secretary, Mrs. ALFRED TROTTER,
8 West 105th Street,
New York, N. Y.
Delegates.....MISS JESSIE W. MEWHORT, MISS ELIZABETH ASHE.
- Presbyterian Hospital, Philadelphia..... { Secretary, Miss FLORENCE LONGEN-
ECKER, Presbyterian Hospital,
Philadelphia, Pa.
Delegates.....MISS MARGARET A. DUNLOP, MISS KATHARINE BROWN,
MRS. EVARTS DOWNING.
- Protestant Episcopal Hospital, Philadel- { Secretary, Miss FRANCES M. DeMUTH,
phia 1614 Sumner Street,
Philadelphia, Pa.
Delegate.....MRS. N. F. W. CROSSLAND.
- Providence Hospital, Washington { Secretary, Miss BESSIE BAYLY,
940 P Street, N. W.,
Washington, D. C.
No delegate.
- Provident Hospital, Chicago..... { Secretary, Miss MAE IRWIN,
3633 Calumet Avenue,
Chicago, Ill.
No delegate.
- Reading Hospital, Reading..... { Secretary, Miss EDNA M. HAIN,
105 South 4th Street,
Reading, Pa.
No delegate.
- Rhode Island Hospital, Providence..... { Secretary, Mrs. CLINTON S. WEST-
COTT, 2084 Broad Street,
Providence, R. I.
Delegates.....MISS JOSEPHINE L. BREED, MISS E. MAY SCHURMAN.
- Rochester City Hospital, Rochester..... { Secretary, Miss KATHRYN C. WELD-
NER, 209 Exchange Street,
Rochester, N. Y.
Delegate.....MISS ELIZABETH FRICK.
- Rochester Homeopathic Hospital, Rochester. { Secretary, Miss ESTELLE MEYER,
224 Alexander Street,
Rochester, N. Y.
Delegate.....MISS BERTHA PHILLIPS.

- Roosevelt Hospital, New York..... { Secretary, Miss ESTELLE MINER,
218 Second Avenue,
New York, N. Y.
Delegate.....MRS. CHARLOTTE L. MEAD.
- Salem Hospital, Salem..... { Secretary, Miss JULIA M. LEACH,
Salem Hospital,
Salem, Mass.
Delegate.....MISS L. C. GRAY.
- San Francisco Training School, San Fran- { Secretary, Mrs. L. H. FRENCH,
cisco 1718 St. Charles Street,
Alameda, Cal.
Delegate.....MISS F. EISEL.
- St. Barnabas Hospital, Minneapolis..... { Secretary, Miss ELEANOR HAMILTON,
St. Barnabas Hospital,
Minneapolis, Minn.
No delegate.
- St. Joseph's Hospital, Chicago..... { Secretary, Miss SUSAN CROWE,
4757 St. Lawrence Avenue,
Chicago, Ill.
No delegate.
- St. Joseph's Hospital, Paterson..... { Secretary, Mrs. H. F. REID,
R. D. No. 2, Box 34,
Ridgewood, N. J.
No delegate.
- St. Joseph's Hospital, Philadelphia..... { Secretary, Miss SARAH CUDDAHY,
1717 Arch Street,
Philadelphia, Pa.
No delegate.
- St. Louis Training School, St. Louis..... { Secretary, Miss M. C. SHEPHERD,
3971a Cook Avenue,
St. Louis, Mo.
No delegate.
- St. Luke's Hospital, Chicago..... { Secretary, Mrs. H. D. Peterson,
1800 Michigan Avenue,
Chicago, Ill.
Delegates.....MISS EVA MACK, MISS MARY SHEARS, MISS
CORNELIA JACOBI.
- St. Luke's Hospital, New Bedford..... { Secretary, Miss MINA DONELLY,
220 Kempton Street,
New Bedford, Mass.
No delegate.
- St. Luke's Hospital, New York..... { Secretary, Miss E. A. COOK,
420 West 116th Street,
New York, N. Y.
Delegates.....MISS REBECCA B. TOUPET, MISS AMY M. HILLIARD.
- St. Luke's Hospital, Richmond..... { Secretary, Miss EMILY PAGE JONES,
220 South Third Street,
Richmond, Va.
No delegate.
- St. Luke's Hospital, San Francisco..... { Secretary, Miss ALICE PROVENCE,
4 Steiner Street,
San Francisco, Cal.
Delegates.....MISS THERESA EARLES MCCARTHY, MISS KATE CREEDON.
- St. Luke's Hospital, South Bethlehem.... { Secretary, Mrs. H. THRELKELD ED-
WARDS, 314 West 4th Street,
South Bethlehem, Pa.
No delegate.
- St. Luke's Hospital, St. Louis..... { Secretary, Miss ALYADA BOYLE,
St. Luke's Hospital, St. Louis, Mo.
Delegate.....MISS FLORENCE BORING.
- St. Luke's Hospital, St. Paul..... { Secretary, Miss MARY WEDDELL,
577 Oakland Avenue,
St. Paul, Minn.
No delegate.

- St. Mary's Hospital, Brooklyn..... { Secretary, Miss E. I. KIVLON,
153 Prospect Place,
Brooklyn, N. Y.
Delegate.....MISS D. M. McDONALD.
- St. Mary's Hospital, Detroit..... { Secretary, Miss AGNES M. DOWD,
29 Henry Street,
Detroit, Mich.
No delegate.
- S. R. Smith Infirmary, Tomkinsville, { Secretary, Miss CLARA A. McDONALD,
Staten Island { Oakland Avenue, West Brighton,
Staten Island, N. Y.
Delegate.....MISS EMMA GRIGG.
- State Hospital of the Northern Anthracite { Secretary, Miss MARY LIGNE,
Coal Region, Scranton..... { 522 Wyoming Avenue,
Scranton, Pa.
No delegate.
- Toledo Hospital, Toledo..... { Secretary, Miss JENNIE JORDAN,
1937 Franklin Avenue,
Toledo, O.
Delegate.....MISS FRANCES HARDIN.
- Union Benevolent Association Hospital, { Secretary, Miss HELEN A. PEMBER-
Grand Rapids { TON, Union Benevolent Association
Hospital, Grand Rapids, Mich.
Delegate.....MRS. HENRIETTA SPENCER.
- Union Protestant Infirmary, Baltimore.... { Secretary, Miss MARGARETTA A.
GROSS, 1114 Madison Avenue,
Baltimore, Md.
Delegate.....MISS GENEVIEVE PERKINS.
- University Hospital, Kansas City..... { Secretary, Miss EVA ROSEBERRY,
923 East 9th Street,
Kansas City, Mo.
Delegate.....MRS. E. HENRY.
- University of Maryland Hospital, Balti- { Secretary, Miss E. SOPHIA FEATHER-
more { STONE, 1202 Mt. Royal Avenue,
Baltimore, Md.
Delegates.....ELIZA B. GRAY, KATHARINE FURBEE.
- University of Michigan Hospital, Ann { Secretary, Miss MAY WILLIAMS,
Arbor { University Hospital,
Ann Arbor, Mich.
No delegate.
- University of Pennsylvania Hospital, Phil- { Secretary, Miss EMMA K. LEVAN,
adelphia { 2317 Columbia Avenue,
Philadelphia, Pa.
Delegate.....MISS BELLA DIACK.
- Virginia Hospital, Richmond { Secretary, Miss EDNA J. DAVIES,
304 West Grace Street,
Richmond, Va.
No delegate.
- Waldeck Hospital, San Francisco { Secretary, Miss MARY A. GALLAGHER,
St. Luke's Hospital, Valencia Street,
San Francisco, Cal.
Delegate.....MISS KATHERINE SHANE.
- Wesley Hospital, Chicago { Secretary, Miss R. BELLE HINMAN,
3020 Calumet Avenue,
Chicago, Ill.
Delegates.....MISS R. BELLE HINMAN, MISS SARAH NICHOLS.
- Western Pennsylvania Hospital, Pittsburgh. { Secretary, Miss ELIZABETH B. REID,
Western Pennsylvania Hospital,
Pittsburgh, Pa.
No delegate.
- West Side Hospital, Chicago..... { Secretary, Miss EDNA L. DAWES,
81 Beach Avenue,
Chicago, Ill.
Delegate.....MISS ETHEL WALLACE.

Wilkes-Barre City Hospital, Wilkes-Barre.	{ Secretary, Miss CAROLINE LEWIS, City Hospital, Wilkes-Barre, Pa.
No delegate.	
Williamsport Hospital, Williamsport.....	{ Secretary, Mrs. ED. S. GUNDRUM, 858 Louisa Street, Williamsport, Pa.
No delegate.	
Worcester City Hospital, Worcester.....	{ Secretary, Miss MARY M. L. FORD, 15 William Street, Worcester, Mass.
No delegate.	

CITY AND COUNTY ASSOCIATIONS

King County Graduate Nurses' Association, Seattle, Wash.	{ Secretary, Miss LAURA MacMILLAN, 322 North Broadway, Seattle, Washington.
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LIST OF STATE ASSOCIATIONS HAVING AFFILIATION
WITH THE ASSOCIATED ALUMNÆ, TOGETHER
WITH DELEGATES REGISTERED.

[The addresses of secretaries of State Associations will be found in the regular
Official Directory at the back of the magazine.]

California delegate.....	MISS GERTRUDE MONTFORT
Colorado delegate	None
Connecticut delegate.....	MRS. EDITH BALDWIN LOCKWOOD
District of Columbia delegate.....	None
Georgia delegate	None
Illinois delegate	MISS BENA M. HENDERSON
Indiana delegate	MRS. E. G. FOURNIER
Iowa delegate	MISS LOUELLA BRISTOL
Kentucky delegate	MISS ELIZABETH COX
Massachusetts delegate	None
Maryland delegate	MISS SARA E. PARSONS
Michigan delegate	MRS. M. S. FOY
Minnesota delegate	MISS EDITH P. ROMMELL
Missouri delegate	MISS ELEANOR KELLY
Nebraska delegate	MISS ANNA E. HARDWICK
New Hampshire delegate.....	MISS IDA A. NUTTER
New York delegate	MISS ANNIE DAMER
North Carolina delegate	None
Ohio delegate	MISS MARY ELLEN KERSHAW
Oregon delegate.....	MISS LINNA G. RICHARDSON
Pennsylvania delegate	MRS. M. E. MOYER
Rhode Island delegate.....	MISS JOSEPHINE L. BREED
Texas delegate	MISS A. LOUISE DIETRICH
Virginia delegate	MISS FRANCES JONES
West Virginia delegate.....	None

TOTALS.

128	Alumnæ Associations.
1	County Association,
25	State Associations,
117	Delegates,
165	Votes.

THE PROCEEDINGS OF THE ELEVENTH ANNUAL CONVENTION

SAN FRANCISCO, CALIFORNIA, MAY 5, 6, 7, AND 8, 1908

Tuesday, May 5, 1908

THE convention was called to order by the president, Miss Annie Damer, at two P.M. The opening prayer was made by the Reverend Bradford Leavitt. Addresses of welcome were given by Dr. Edward R. Taylor, Mayor of San Francisco; by Dr. Helen Parker Criswell, of the same city; and by Mrs. Charles D. Lockwood, of Pasadena. The responses were made by Mrs. C. V. Twiss, New York; Mrs. E. G. Fournier, Indiana; Miss Grace Holmes, Minnesota; and Mrs. Frederick Tice, Illinois.

The president's annual address was given by Miss Damer.

A chart prepared by Miss M. L. Daniels, R.N., Salem, N. Y., showing the features of the different bills that have been passed for state registration of nurses was exhibited and explained by the inter-state secretary, Miss Sly.

The papers of the afternoon were:

1. "The More Recent Opportunities of the Nurse in Public Health Problems," by Miss Ellen N. LaMotte, R.N. of Maryland, read by Mrs. Tice.

2. "Social Service Work in Connection with Bellevue Hospital," by Miss Mary E. Wadley.

The following inspectors of election were appointed: Miss Mathild Krueger, Miss Edith P. Rommel, Miss Ednah M. Shuey, Miss Bertha Phillips.

Wednesday, May 6, 1908

MORNING SESSION

The secretary called the roll.

The secretary and treasurer read their reports and they were accepted.

REPORT OF THE SECRETARY

MADAME PRESIDENT, AND MEMBERS OF THE ASSOCIATED ALUMNÆ: I beg to submit the following report for the year 1907-1908:

A meeting of the Board of Directors was held on board the Steamer Rose-dale, on the James River, Virginia, May 17, 1907. There were present Miss Damer, president; Miss Davids, treasurer; Miss Sly, inter-state secretary; Miss Alline; and Miss DeWitt, secretary. The members for the various committees were chosen as published in the annual report.

It was voted that one hundred dollars be paid Miss Casey, the retiring secretary.

No further business was transacted.

On November 27, 1907, a meeting of the executive committee of the Board of Directors was held at the Bellevue Nurses' Club, 14 East 42d Street, New York City. There were present the Misses Damer, Davids, Alline, and DeWitt.

Reports from the various committees were read and discussed.

It was decided that a Finance Committee to receive and manage the funds for the endowment of the Chair of Hospital Economics be appointed. Miss Adelaide Nutting, director of the Hospital Economics Department, was chosen as chairman of such a committee to choose her own associates. The treasurer of the Associated Alumnae was directed to turn over to Miss Nutting all funds on hand for this course and all that should come in. This action corresponds with that taken by the Superintendents' Society, and Miss Nutting and her committee act for both organizations.

Plans for the convention at San Francisco were discussed.

A communication was read from the secretary of the AMERICAN JOURNAL OF NURSING COMPANY stating that the directors of that company have decided that the JOURNAL can no longer devote an entire number to the proceedings of the Associated Alumnae. It was decided to abridge the proceedings published and to reimburse the JOURNAL COMPANY for the cost of the convention number in excess of the usual expense.

The admission of city and county associations was discussed and it was decided to recommend to this body an amendment admitting these on the same basis as state associations.

It was decided to bring before this body the question of the advisability of continuing its membership in the American Federation of Nurses.

It was decided to make the Bellevue Nurses' Club the official headquarters for the Associated Alumnae.

On February 15, 1908, a meeting of the executive committee was held at the Bellevue Nurses' Club. There were present Misses Damer, Davids, Alline and DeWitt. Eleven alumnae associations and two state associations had applied for admission to the Associated Alumnae and had been considered by the Eligibility Committee. Nine of the alumnae associations were accepted as follows: The Battle Creek Hospital and Sanitarium Alumnae Association, Battle Creek, Michigan; the Butterworth Hospital Alumnae Association, Grand Rapids, Michigan; the Lakeside Hospital Alumnae Association, Chicago; the Memorial Hospital Alumnae Association, Richmond; the Presbyterian Hospital Alumnae Association, Chicago; the San Francisco Training-school Alumnae Association, San Francisco; St. Luke's Hospital Alumnae Association, Richmond. The two state associations admitted were Georgia and Nebraska.

Reports of the various committees were read and discussed.

Arrangements for the San Francisco meeting were made and a number of representatives of different railroads were given interviews. The Rock Island was chosen as the official route for the going trip.

The question of including the subscription to the JOURNAL in the yearly dues of members of alumnae associations was discussed. It was decided to bring this up at the convention and to notify the associations that it would be discussed.

The question of the eligibility of Miss Boyd, of Colorado, to represent the Colorado State Association at Richmond was discussed, and it was decided, from

the evidence presented, that Miss Boyd was entitled to represent the state, and that the published statement that Colorado had no official representative at the tenth annual convention be corrected publicly, in the JOURNAL, and recorded on the minutes of this association.

A meeting of the Board of Directors was held on the evening of May 4 at the St. Francis Hotel, San Francisco. Present: Miss Damer, Miss Davids, Miss Cooke, Miss Sly, Miss DeWitt. Five applications for membership were considered and four were accepted, as follows: Oregon State Association, Texas State Association, California Hospital, Los Angeles, City Hospital of Akron, and the French Hospital of San Francisco.

Committee reports were read and there were discussions on the place of meeting for 1909, on the admission of city and county societies and on JOURNAL purchase.

Respectfully submitted,

KATHARINE DEWITT, R.N., Secretary.

REPORT OF TREASURER OF NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

1907-1908

RECEIPTS

Cash balance on hand, April 30, 1907—General Fund	\$420.30
Cash balance on hand, April 30, 1907—Journal Fund	30.00
Initiations	105.00
Alumnæ dues	967.30
State Association dues	120.00
Sale of reports	9.05
Interest	17.70
Subscriptions to Journal Fund:	
Cleveland Graduate Nurses' Association	\$25.00
Wesley Hospital Alumnæ Association.. ..	10.00
Pittsburgh Training School Alumnæ Association	91.00
Presbyterian Hospital Alumnæ Association (New York)	100.00
New York State Nurses' Association.. ..	250.00
Subscriptions for Endowment Fund of Hospital Economics' Course:	476.00

Miss N. Gillette.....	3.00
Miss A. E. Reece.....	3.00
Miss May Gentry.....	3.00
Miss M. E. Decker.....	5.00
Miss S. F. Palmer.....	5.00
Miss Alice Aherne.....	3.00

Miss Ida F. Giles.....	\$3.50
Graduate Nurses' Association of Cleveland	25.00
Miss Agnes Deans.....	2.00
Brooklyn Hospital Alumnæ.....	50.00
Germanatown Hospital and Dispensary.	25.00
Miss Jennie Jordan.....	5.00
Mt. Sinai Alumnæ Association.....	100.00
Miss Elizabeth Burgess.....	3.00
New England Hospital Alumnæ Association	25.00
New York City Training School Alumnæ Association	100.00
Roosevelt Hospital Alumnæ Association	50.00
Lakeside Hospital Alumnæ Association (Cleveland)	50.00
Allegheny General Hospital Alumnæ Association	52.00
Wesley Hospital Alumnæ Association.. ..	50.00
Blessing Hospital Alumnæ Association.. ..	25.00
Grant Hospital Alumnæ Association....	25.00
Battle Creek Hospital Alumnæ Association	115.00
Graduate Nurses' Association of Indianapolis	100.00
Miss Mary B. Sollers.....	3.00
Lafayette Nurses' Association.....	25.00

Subscriptions for Endowment Fund of

Hospital Economics' Course:

Miss E. E. Golding.....	\$3.00
Mrs. N. F. W. Crossland.....	3.00
Illinois State Association.....	200.00
Connecticut State Association.....	50.00
New York State Association.....	250.00
Connecticut Training School Alumnae..	28.00
Massachusetts State Association.....	100.00
Virginia State Association.....	55.00
Missouri State Association.....	560.00
Miss Louie Croft Boyd.....	5.00
Nurses of Colorado.....	35.50
Bellevue Hospital Alumnae Association.	250.00
Miss Ellen M. Kershaw.....	5.00
Dane County (Wisconsin) Nurses' Association	20.00
Woman's Hospital Alumnae Association (Philadelphia)	25.00
Bellevue delegates:	
Misses Nash, Perkins, Reading and Rhodes	20.00
Miss Annie Rhodes.....	5.00
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\$4,615.35	

NOTE—In addition to the above Miss L. L. Dock presented the Association with one share of AMERICAN JOURNAL OF NURSING stock

DISBURSEMENTS

Expense of Convention—1907.....	\$344.57
Expense of Nominating Committee.....	13.17
Expense of Executive Committee.....	53.40
Nellie M. Casey—Salary as Secretary.....	100.00
Stationary and Postage.....	106.52
Transportation on International Congress Reports	37.90
Federation of Nurses Dues.....	15.00
Paid to Miss M. A. Nutting, Treasurer:	
Endowment Fund of Hospital Economics' Course	2,470.00
Five shares AMERICAN JOURNAL OF NURSING stock	500.00
Cash on hand General Fund, April 7, 1908.....	968.79
Cash on hand JOURNAL Fund, April 7, 1908....	6.00

\$4,615.35

(Continued from page 851)

RESOURCES

Cash on deposit L. I. Loan & Trust Co.:

General Fund	\$968.79
Journal Fund	6.00
Twenty shares AMERICAN JOURNAL stock.....	2,000.00
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	\$2,974.79

ANNA DAVIDS, R.N., Treasurer.

Examined and found correct.

BYRON HORTON,

April 18, 1908.

Auditor.

Included in the receipts of this report to the account of 1908-09 are:

Alumnæ Association Dues	\$37.50
State Association Dues	20.00
Initiations	45.00
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Total	\$102.50

Since the accounts were balanced, April 7, 1908, there has been received for the Endowment Fund of the Course in Hospital Economics the following contributions:

University Hospital Alumnæ Association (Kansas City)	\$15.00
Children's Hospital Alumnæ Association (San Francisco)	25.00
Miss Mary L. Sweeney, San Francisco.....	10.00
Bellevue Alumnæ Association	350.00
Freda L. Hartman	3.00
Nurses of Colorado	49.10
Maine General Hospital Alumnæ Association.....	50.00
Graduate Nurses of New Hampshire.....	100.00
Graduate Nurses' Association of Indiana.....	100.00
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	\$3,172.10

The Alice Fisher Alumnæ Association has presented the association with one share AMERICAN JOURNAL OF NURSING stock.

Letters were read from Miss Adelaide Nutting, director of the Hospital Economics Course; and from Miss L. L. Dock, secretary of the International Council of Nurses, asking that delegates to that congress for 1909 be appointed.

Invitations to the association to meet in New York in 1909 were read from the secretary of the New York County Society and from the secretary of the Bellevue Nurses' Alumnæ Association. Invitations to meet in the twin cities in Minnesota in 1909 were read from the Governor of Minnesota, from the Mayor of Minneapolis, from the Minneapolis Commercial Club, from the Minnesota State Nurses' Association, and from St. Luke's Alumnæ, St. Paul.

Reports were presented from the following committees: Arrangements, Hospital Economics, Eligibility, Public Health, Publication, and National Relief Fund.

REPORT OF THE ELIGIBILITY COMMITTEE

During the year 1907-8 fifteen applications for membership have been received and thirteen have been accepted. All conformed with the required three years' course.

Of the number rejected, no information could be gathered in regard to one. One school sent nurses out to one case during the senior year, the experience being considered valuable. Sometimes no charge was made—when it was, the proceeds went to the hospital treasury.

The committee recommends the consideration of the feasibility of one case, during training, the length of the case being specified, as well as the disposal of money so earned. The committee feels that the knowledge gained through its service, has been most interesting.

Respectfully submitted,

ANNIE RHODES, Chairman;
ELIZABETH M. ELLIS,
EMMA A. ANDERSON.

REPORT OF THE COMMITTEE FOR NATIONAL RELIEF FUND FOR NURSES

At the annual meeting of the Associated Alumnae in Richmond, Va., last year, a committee was appointed to look into and report on the question of "A National Relief Fund for Nurses."

The committee consisted of three, appointed by the Chair in the following order: The Misses Davis, Jammé and Wyche.

A meeting was then and there promptly called to elect a chairman, but for legitimate reasons it failed to "assemble," so that this sketchy report has to be made by the temporary chairman. The members of the committee chosen to represent different sections, the east, west and south, being thus many days' journey removed, had no alternative but to report to the temporary chairman the results of their efforts.

Accordingly Miss Jammé reports that she made some investigations into "relief and sick benefit funds" with a view to ascertain whether their methods could be used as models for an exclusive relief society, if it were deemed wise to establish such a one—or to show that "Fraternal Coöperative Societies" could be, and had been made, pernicious, by an ignorant or unscrupulous administration of methods that in themselves were wholesome and legitimate enough. Miss Jammé promised to make more exhaustive investigations, but up to the present nothing further has been received.

Miss Wyche reported herself as "*interested*" but too busy to investigate and too "fagged" wrestling with problems of her own to suggest "even in outline" an idea which might help to create "A Relief Fund" especially adapted to the needs of nurses; and asked to be permitted to resign from the committee.

Your committee has received from a few individuals communications relative to existing societies of which they are members, which seemed the desiderata in the way of "Disability Relief" or "Life Insurance."

A summary would read something like this: They are incorporated under

the laws of states whose incorporation laws are stringent. They are inspected by the Insurance Department frequently. Their management representative. Their motto "a maximum of economy with a minimum of expenditure," enabling them to make alluring terms. Home offices and branches in all sections, in charge of people of years of experience gained by familiar drill in the field of operation. With arguments so exhaustive as to leave no "reverse side" on which the most indifferent could hang the "ghost of an excuse" for not providing liberally by a small outlay, with but little risk or exertion for a possible future great necessity.

For example in some of them you can take a certificate in "Class A," or "Class B," or "class anything else," and start a fortune in a graded way; small or large as you feel equal, which by saving a few dollars monthly, not only assists you if unfortunate, but returns you a cash dividend from the actual earnings. They pay when you need it; pay if you are sick; pay if you are hurt; pay if you are well; pay if you die, and give the comforting assurance that you do not *have to die* to get your money back.

Now if this is the kind of a Relief Fund we want, the models are all at hand and can be studied and adopted with any amount of variations to suit the circumstances. But from written communications, from personal conversations, and suggestions now and then offered in the course of discussion, I, speaking for myself and in no way voicing the opinions of the other members of the committee, gather that the popular idea of a National Relief Fund for Nurses should be, not a gilt-edged investment of surplus funds for the provident, nor a trumpet call of professional responsibility that must be heeded, to the improvident or handicapped member, to make such provision for the future as to take away all fear of actual destitution from the individual or all reproach from the profession, by enforced acceptance of public charity, but relief, from the members of a profession to sister members, whose best efforts to be self-supporting have proved inadequate, or who from accident, mental or physical disability, have been rendered dependent; a relief which may be accepted unhesitatingly and without humiliation.

If this is the popular idea, what are the plans for its development? As numerous no doubt as the characters in the Chinese alphabet, and like them, too, they can be arranged to intelligently express the essentials, in a simple practical manner.

Herein lies the root of the matter and the key to the situation.

Let each person who has thought of the subject send to the future committee her interpretation of the needs of such a fund, with her solution of its establishment or government; "suggestions in the rough," "castles in Spain," solid formulated ideas, random shots of criticism, will all furnish material out of which to evolve a simple practical system, sufficiently uniform and easily applicable.

Still speaking individually, because unfortunately the committee came to no conclusion, I would suggest, as *my contribution*, that some such plan as the following could be put on a working basis: The inference being that this fund is to be under the auspices of the Associated Alumnae, we will begin with the affiliated societies. Many of them have already established "benefit funds" for temporary relief of their sick or disabled members. Make such a condition to membership in the local and consequently a condition of affiliation in

the Associated Alumnae, universal. The managers of these local funds should be chosen with a view to efficiency and permanency, as from them must be selected delegates to report and confer with the Trustees of the National Relief Fund at the annual meeting of the Associated Alumnae, and also such committees as may be found necessary for the proper administration of laws governing the fund.

The ownership of the AMERICAN JOURNAL OF NURSING being vested in the Associated Alumnae, the catastrophe of a house divided against itself must be guarded against by including the subscription in the annual dues of the affiliated societies. Societies thus equipped present an "unchallengeable voucher" for permanent relief for its members, when application is made to the National Benefit Fund.

Other beneficiaries may be provided for according to the will of the majority, or the discretionary powers invested.

The details of government will be arranged mainly by the laws of incorporation of the state in which the society elects to make its home office.

The "Fund" must be started and supported by voluntary contributions, donations, bequests and the "thousand and one" popular schemes for raising money for a definite object.

The only point that needs emphasis is that the trustees should be chosen for a long term of service, as nothing is so detrimental to the efficient development of progressive plans as a frequent substitution of the "raw recruit" for the "duly qualified," long-service officer.

The Associated Alumnae as a "Home Office" for permanent relief, with the affiliated societies as "Branches" for temporary relief, would seem to present a clear road to the much desired "National Relief Fund" of the Nurses' Associated Alumnae of the United States of America.

Respectfully submitted,

M. E. P. DAVIS,
Temporary Chairman.

The papers of the morning were:

1. "Some Phases of School Nursing," by Lina L. Rogers, R.N., of New York, read by Miss Krueger.

The discussion of this paper, participated in by nurses from all parts of the country, brought out the fact that settlement workers and women's clubs have often been instrumental in rousing public interest in school nursing and in giving it a start financially as an object lesson to the community and to the school board.

2. "The Newer Nursing Treatment of Tuberculosis Patients," by Martha Fortune, R.N., of Maryland, read by Miss Ford.

In the discussion of this paper Mrs. Pottenger, of the Pottenger Sanatorium, Monrovia, California, stated that tuberculin is being used extensively and that heavy feeding of tuberculous patients is not now resorted to as much as formerly. The diet is cut down and the excretions are carefully watched in the laboratory to determine how much food is taken which is not digested, and an effort is made to give just enough for proper nourishment. A general discussion followed in regard to the reliability of the tuberculin test with evidence that a patient free from tuberculosis but having a heavy cold might respond to it.

The report of the Nominating Committee was given and Mrs. Tice was nominated from the floor to complete the ticket for treasurer.

The following were appointed by the president to act as a Committee on Resolutions: Miss Alice Garrett, of Pennsylvania; Miss Frances Jones, of Virginia; and Miss Ida Nutter, of New Hampshire.

Wednesday, May 6

EVENING SESSION

The report of the Committee on Almshouse Nursing was read by Miss Fisher as follows:

REPORT OF THE COMMITTEE ON ALMSHOUSE NURSING REFORM

MADAM PRESIDENT AND MEMBERS: After returning from France somewhat too late to lay any plan of action before the first autumn meeting of societies, my first step was to write to all the members of my committee (not all of whom responded), giving them the opportunity of making suggestions as to procedure. After waiting for a reasonable time for answers to come in, and after several had replied, I sent a letter to the president of each state society, asking for the coöperation of the states in the almshouse investigation, and, to begin with, to have a committee appointed in each state to be ready to confer and report on this matter, and, in general, to be ready for action. The responses from state presidents to these letters were very encouraging, and next a second circular letter sent to each one, asking them to initiate the visiting of almshouses wherever possible in order to gain facts which would be useful later to Mrs. Crane, and to any groups of club women who might respond to the propositions which Mrs. Crane intends to lay before them on her first opportunity to advance the subject. Beside this letter a brief article in the February JOURNAL OF NURSING, which many of you have perhaps read, called for volunteers in visiting. Again responses came in encouragingly, and, being reported to Mrs. Crane, gratified and strengthened her greatly in the difficult and bitterly contested fight which she has been making in Michigan. Mrs. Crane now prepared a form of questions to be answered as to poorhouse conditions. This was to be used by the Michigan joint committees, and in answer to my request she sent me one thousand of these forms with printed reports which gave some insight into the conditions that had been found in Michigan.

These forms and reports have been distributed among our members who have expressed their interest and willingness to assist the work of this committee. In all, we have offers from nineteen states to undertake investigation of a more or less thorough-going character. They are, alphabetically: Colorado, Connecticut, Georgia, Illinois, Indiana, Iowa, Kentucky, Michigan (the work in Michigan, it is understood, was already well under way as shown by the papers presented last year in Richmond), Maryland, Minnesota, Nebraska,

New Jersey, New York, New Hampshire, North Carolina, Ohio, Oregon, Texas, and Virginia. It is also probable that some reports will be gathered in Pennsylvania. From Colorado Miss Boyd sent some valuable suggestions, among others, that the Colorado State Association of Nurses might urge the Colorado delegates to the biennial to act favorably upon the almshouse proposition should Mrs. Crane have an opportunity to present it.

Connecticut appointed its executive committee as an almshouse committee, with promise of work, and a number of forms were sent to the secretary, Mrs. Lockwood, and the president.

Georgia appointed a committee of three to investigate, and promised to send a delegate to the State Federation of Women's Clubs in November to ask for their interest. The chairman of this special committee, Miss Owens, received blanks.

Illinois appointed a committee and hoped to bring Mrs. Crane to Chicago to meet the nurses, also reported a number of nurses over the state who had written for blanks. These were sent to Miss Henderson.

Indiana promised a committee, had had Mrs. Crane at a meeting, and the president undertook inquiries and received blank forms.

Iowa promised to do what was possible and to appoint a committee in Des Moines. Forms were sent Miss Bristol.

Kentucky appointed a committee and reported this committee at work investigating. Forms were sent to Miss Rece.

Maryland expressed a cordial desire to assist, and appointed a committee. Forms were sent to the president, Miss Packard.

Minnesota appointed its executive board as a committee, and suggested approaching the president of the State Federation of Women's Clubs in the interest of the almshouses. Forms were sent to Mrs. Colvin.

Nebraska replied cordially and promised some action after April.

New Jersey reports that its executive committee would try to have the almshouses visited in every county. Forms were sent to Miss Stephen.

New York appointed a committee of five and blanks were sent to each. The first report in our whole budget came in from Miss Winn, of Albany.

New Hampshire appointed committees of two or more for each county, and promised a general committee to confer with the women's clubs. Blanks were sent to Miss Nutter.

North Carolina appointed a committee, and forms were sent to Miss Williams.

Ohio appointed a committee and forms were sent to Miss Jordan and Miss Osborn.

Oregon promised a committee and the president hopes to do some personal investigation. Forms were sent to her.

From Texas Miss Cottle, the president, wrote sympathetically and received forms.

Virginia has already, as we know, done some work in almshouses, under the auspices of the Nurses' Settlement in Richmond, and will continue its efforts. Forms were sent to Miss Cocke.

Beside the replies from organizations three volunteers received forms from me, namely, Miss Krüer, in Staten Island, Miss Bateman, of Aledo, Illinois, and Miss Steere of Ithaca, New York, while a fourth volunteer, in Michigan, was referred to Mrs. Crane.

In closing this brief summary of what has been done so far, your committee would ask that the association take this matter of almshouse nursing reform seriously to heart as a field of work which will require years of patience and unremitting attention. It is not one to be taken up for a time, but one may say, forever, just as our hospitals will always have to be cared for.

Our state almshouse committees should be standing bodies and lasting affiliation should be sought with the club federations, and a steady effort made to bring trained nursing into every almshouse where there are sick people, and thus to lift up the general standard of care given to these patients, as nearly as possible to that of a good hospital.

Your committee would suggest that this association would do a properly generous thing in appropriating a sum of money to help defray the expenses of printing the census forms which Mrs. Crane has thus far borne from her own private means.

Respectfully submitted,

LAVINIA L. DOCK, Chairman.

Miss Sly read Mrs. Lupinski's report of the work in Michigan.

Mrs. Fournier reported that in Indiana the inspector of training schools is also inspecting almshouses.

The papers of the evening were as follows:

1. "What is Being Taught and Why?" by Miss Mary S. Gilmour, R.N., of Canada, read by Miss Rommel.

2. "Visiting Nursing as a Part of the Curriculum," by Miss Margaret Bewley, R.N., of New York, read by Miss Mewhort.

The discussion was led by Miss Toupet and participated in by several others. The objections given were that three years give no more time than is needed for the training in the hospital, that to give pupil nurses district work is an imposition on both pupil and patient, as the latter does not like the frequent changes and has less confidence in the pupil nurse. Those upholding the plan urged that many small hospitals have not enough work in the hospital to fill a three years' course, that the pupil is in those cases better off for having some district work, that if she works under the supervision of a graduate no injustice is done to the patient and her training is broader, while she acquires an interest in district work that she might never gain otherwise, that if the nurse is under the direct supervision of a doctor there is no lack of confidence on the part of the patient.

3. "Nursing of the Insane as a Part of the Curriculum," by Miss Mary E. May of New York, read by Miss Henderson, who opened the discussion. Reports were given from various sections of a beginning along these lines.

4. "Duty of Training Schools in Preparing Nurses to Take Part in the Anti-tuberculosis Campaign," by Ellen S. LaMotte of Maryland, read by Mrs. Tice.

5. "Home Life of the Pupil Nurse," by Miss L. L. Goold of Tacoma, Washington.

Thursday, May 7

MORNING SESSION

Reports of the Transportation and Moderate Means Committees were read and accepted.

The president referred to the report of the Eligibility Committee and of its recommendation and asked for an expression of opinion on it from those present. A long discussion followed. A few saw some advantage in the one case outside if there were not sufficient opportunity for special cases in the hospital. The majority were decidedly opposed to it and gave as the strongest objection that one case would in most instances be only an entering wedge for further outside work, that it would create confusion and make the work of superintendents of nurses and of the Eligibility Committee more difficult, also that it was unfair to graduate nurses. No one favored altering the constitution and Miss Sly moved that the recommendation of the Eligibility Committee be referred to the Board of Directors with power to act as it sees fit. This motion was carried.

It was decided that all future contributions to the Hospital Economics Endowment be sent directly to Miss Adelaide Nutting, director of the course, at Teachers' College, New York.

It was decided to continue the Public Health Committee with such additions as the directors deem wise.

There was an animated discussion of the pension or relief fund; some felt that such questions should be left to the local associations, others that the national should be a guide to the local. The following motion was made and carried: The question of life insurance, sick benefit and pension shall be referred to a committee consisting of Miss M. E. P. Davis, chairman, Miss Annie Damer, and Miss Isabel McIsaac, with power to add to the number, with instructions to investigate existing insurance companies with a view to possible arrangements for special policies for nurses in substantial companies.

The recommendation of the Board of Directors that the by-laws be amended so as to admit county and city associations on the same basis as states was read and accepted.

The president suggested that a committee on Red Cross Work be appointed to meet with the officers of the National Red Cross Society and to discuss nursing matters. The following committee was nominated from the floor and appointed: Mrs. Robb, Ohio; Miss Nevins, Washington; Miss Maxwell and Miss Damer, New York; and Miss Dewey, Brooklyn.

The paper of the morning was "The Nurse's Responsibility to Her Local and State Associations," by Mary Cloud Bean, R.N., of Maryland, read by Miss Parsons.

The very general discussion that followed brought out the following suggestions: that superintendents make their pupils familiar with the associations and nursing journals before they leave the school, that graduates be asked to address senior classes on these subjects, that indifferent superintendents

be reached by local associations of superintendents, either meeting alone or bringing their senior classes together for talks on nursing and philanthropic problems, that local associations invite the senior classes to their meetings.

The morning closed with the question box in charge of Miss Cooke.

Thursday, May 7

AFTERNOON SESSION

A discussion occurred on the anti-tuberculosis campaign, with special reference to the difficult problem of dealing with indigent patients who are sent away from home for change of climate with no means of livelihood. The nurses in the west and southwest see a great deal of suffering and distress among patients who might have died in comfort at home. They appealed to those present from the east to help rouse public sentiment there against the sending away of dependent patients. A committee was appointed to draw up resolutions to be presented to the International Tuberculosis Congress at Washington—Mrs. Pottenger, Miss Barnard, and Miss Fisher.

The papers for the afternoon were:

1. "Psychology and Nursing," by Miss M. Grace O'Brien of Maryland, read by Miss Carr, discussed by Miss Pepoon.

2. "Newer Methods in Medical Nursing," by Miss Grace Knight, R.N., of New York, read by Miss Phillips.

3. "Newer Methods in Surgical Nursing," by Miss Anna Jammé, R.N., of Minnesota, read by Miss Lindberg.

The discussion of these papers touched upon the treatment of premature babies by keeping them in the open air, different methods of sanitarium treatment, the use of Bier's cups, etc.

A letter was read from Mrs. Shaw, president of the Woman's Suffrage League, asking the association to endorse the following resolution:

WHEREAS, The thinking women of America are striving more earnestly than ever before to be a helpful part of the people, in the firm belief that men and women together compose a democracy, and that until men and women have equal political rights they cannot do their best work, therefore be it

Resolved, That the Nurses Associated Alumnae of the United States, numbering 14,000 members, as a company of patriotic workers, heartily endorse every well-directed movement which tends to emancipate the women of our land and give them their rightful place in government.

After some discussion the motion was lost by a large majority.

Friday, May 8

MORNING SESSION

The report of the Almshouse Committee was discussed; it was decided that last year's committee be reappointed with power to reorganize and reconstruct.

The president announced that the directors thought it best to wait until next year to appoint delegates to the International Council of Nurses.

The report of the inter-state secretary was read as follows:

REPORT OF THE INTER-STATE SECRETARY

California.—The California State Nurses' Association reports a membership of nearly 1000.

The law governing state registration of nurses, which passed the Legislature in 1905, is still inoperative because the Board of Regents have as yet failed to comply with its requirements. As reported last year, in April, 1906, a working plan was submitted to the regents by the association. This plan has recently been revised and it is hoped that there will soon be some definite action on the part of the regents. Much detail work has been done during the year.

A committee on the investigation of training schools has been appointed, whose duty is to report the schools from which graduates are eligible to become members of the state association; which fall below the standard, and how the standard of the latter may be raised to admit of membership.

The *Nurses' Journal of the Pacific Coast*, which is still edited and published by the state association, is endeavoring to promote the best interests of the nursing profession, especially along the coast. The coöperation of King, Walla Walla, Spokane and Pierce County associations of Washington has been secured and it still holds the interest of Oregon.

Central Nurses' Directories which have been established under the auspices of county associations have proven successful, and the subject is being agitated by other county associations.

It is most gratifying to learn of the appointment of three representatives of our profession on the Advisory Board of the training school connected with the University of California Hospital: Miss Genevieve Cooke and Miss S. L. Rutley to represent San Francisco County, and Miss Katherine Fitch, to represent Alameda County.

Colorado.—The Colorado State Trained Nurses' Association reports 789 nurses registered up to date. At the annual meeting of the State Board of Examiners held in Denver in April, 74 passed the examination successfully. Miss Louie Croft Boyd was elected president of the board and Miss Mary B. Eyre was reëlected secretary and treasurer.

The Board of Examiners hopes to establish a uniform curriculum, and with this in view a member of the board has visited all the training schools in Colorado during the past few months, and has been kindly received, but under their law they cannot inspect as in some states.

The president, Miss Laura A. Beecroft, represented the association as delegate at the meeting of the Colorado Federation of Women's Clubs in Pueblo in October, and gave a short address on the work of alumnae associations and the kind of women needed in our training schools. The association hopes soon to coöperate with the federation along definite lines of work.

Connecticut.—The Graduate Nurses' Association of Connecticut has increased in membership and now numbers about 300.

The Legislative Committee defended their law when it was attacked at the last session of the Legislature, and secured an amendment which was a compromise, whereby an advisory board was appointed to which all questions might be referred.

The privilege of the waiver under the Act expired September 9, 1907, and the first examination given by the board was held in January. Thirteen candidates passed the examination.

The amount pledged, \$150.00, by the delegate at Richmond for the Hospital Economics Fund has been fulfilled.

The association has no definite plans for the future beyond the further advancement of the educational standard of the nursing profession, and increasing the interest of the members in nursing affairs.

District of Columbia.—The Graduate Nurses' Association of District of Columbia raised \$96 at a fête in June, 1907, at Garfield Memorial Hospital, the proceeds of which apply on the sum of \$100 pledged for the Hospital Economics Endowment Fund.

The chief work of the association has been to assist in municipal movements in the direction of social reform, or education of the public in matters of health.

At their annual meeting in March it was decided to support a nurse for the tuberculosis work which is being carried on by the Committee on the Prevention of Tuberculosis. This committee has classes which are to be instructed by nurses, and the association pledged itself \$120 in support of a nurse for this purpose. They will be represented by association members on the Board of Charities Conferences in Washington.

A committee has been appointed to investigate the nursing of the sick in the almshouses of the District of Columbia.

A Central Registry for Nurses which was started in December, 1906, under the auspices of the association, and managed by a committee elected from its members, has proven very successful, the Registry having an enrollment of nearly 180 nurses.

Georgia.—The Graduate Nurses' Association of Savannah took the initiative in organizing the Georgia State Association of Graduate Nurses in May, 1907.

At this meeting a bill for state registration was drafted and after being approved by the Assembly was referred to the Ways and Means Committee who presented it at the fall session of the Legislature. The bill met with decided and well-organized opposition from doctors, owners of private sanitariums, etc., but was ably supported by a petition signed by a large number of the medical profession. After a few minor compromises, it passed both houses of the Legislature and was signed by the Governor in August, 1907, just *three months* after the movement was started.

A special meeting was called in September, 1907, for the selection of ten names for appointment on the State Board of Examiners. Five appointments were made; two from Atlanta, two from Savannah, and one from Macon.

A committee has been appointed to investigate almshouse conditions in Georgia, and will consist of one representative from each, Macon, Augusta, Savannah and Atlanta.

A committee was appointed to devise ways and means of installing a district nurse under the auspices of the state association, contributions to be obtained by individual subscription. Fifty dollars was contributed toward the Hospital Economics Endowment Fund.

Application for membership was made to the Associated Charities of Atlanta, and to become affiliated with the State Federation of Women's Clubs.

Illinois.—The Illinois State Association of Graduate Nurses, organized in 1902, has now a membership of 650, with representatives from 65 different schools.

Regular quarterly meetings are held in Chicago, when addresses are given on social and professional topics. These meetings are always well attended.

Early in May, 1907, Governor Deneen signed the bill under which nurses may become registered. As yet this law is inoperative, as no examining board has been appointed by the Governor, but he has promised to appoint one soon.

The committee on the Endowment Fund for the chair in Hospital Economics at Columbia College has raised double the amount pledged at Richmond.

A club house committee was appointed a few months ago to begin active work in establishing in Chicago a nurses' hotel or club with central directory.

The association continues affiliation with the Illinois Federation of Women's Clubs.

The *Quarterly*, the official organ of the association, has increased in size and it is felt to be the bond which holds the nurses together.

Indiana.—The Indiana State Nurses' Association met in Indianapolis in September, 1907.

Rev. Caroline Bartlett Crane, of Kalamazoo, Mich., was the guest of honor and addressed the assembly on "The Part of the Trained Nurse in Almshouse Reform." A committee of five was appointed from the association to meet jointly with a committee from the State Federation of Women's Clubs for the purpose of investigation and improving the conditions of the sick in the almshouses of the state.

Out of 661 applications for registration 644 have been registered. The privilege of the waiver expires in May, and after that all applicants must pass an examination. The standards of the schools of the state are being raised.

An association "pin" has been designed for the members with the colors blue and white.

The state has been divided into seven districts over which is a director whose work is to promote the best interests of the nursing profession.

Iowa.—The Iowa State Association of Graduate Nurses report that their law for state registration, which was passed by the 1907 Legislature, went into effect March 12, 1908. Two examinations have been held, and there are 702 nurses who have been registered, and a large number of applications are awaiting examination.

Articles of incorporation have been filed.

A strong appeal is being made to all nurses registered to become members of the state association which numbers 372, also to become subscribers of the *AMERICAN JOURNAL OF NURSING*.

The committee having in charge almshouse investigation is working faithfully.

Future plans of the association include improving the educational standards in the training schools, and the education of the public as to state registration for nurses.

Kentucky.—The Kentucky State Association of Graduate Nurses held its first annual meeting in Lexington in October, 1907. The attendance was not large, but great interest was manifested.

The inter-state secretary was the guest of honor on this occasion and gave an address on "The Endowment of a Chair in Hospital Economics" at Columbia University.

The important work of the year before the association has been the revision of the bill for state registration, arousing interest and intelligent coöperation of the nurses throughout the state in securing its passage. Their bill was presented to the Legislature in January and introduced by Senator Campbell as Senate Bill No. 2. It passed this body by a unanimous vote, but in the House met with strong determined opposition from representatives of small hospitals, whose views were prejudiced, and in consequence the real merits of the bill were not considered.

After strenuous efforts on the part of the Legislative Committee and their friends, it was reported out by the committee at the second reading, but was defeated in the House the last night of the session.

The Almshouse Committee has been appointed and investigation has commenced.

Mr. George Lehon, inspector of almshouses in Kentucky, has been able to give much valuable information.

The state association has been a wonderful stimulus to the nursing profession in Kentucky. During the first ten months the membership increased to more than double the original number and *six* *alumnæ* associations have been organized in place of one (the Norton Memorial Infirmary) at the time of state organization.

The Jefferson County Graduate Nurses' Association will probably take the initiative in establishing a Central Directory in Louisville, the question having been under discussion for some time.

Massachusetts.—At the annual meeting of the Massachusetts State Nurses' Association in June, 1907, very interesting and helpful addresses were given on the "Work of the Associated Charities" and "Nursing in the Public Schools."

A special meeting was held in December, 1907, at which the advantages of a three years' course over a shorter course of training were presented.

The bill for state registration was freely discussed and the difficulty encountered in securing legal recognition in other states and countries was strongly emphasized.

Their bill was presented to the Legislature and given a hearing by the public health committee on February 13. A large number of nurses and prominent people were present to defend the measure. At the present writing it has not as yet come before the Legislature.

The association has become affiliated with the Massachusetts State Federation of Women's Clubs and was given formal recognition by that body at the federation meeting in February. Miss Riddle was present and briefly outlined the objects for which the association is organized.

Maryland.—The work of the Maryland State Association goes on steadily.

One of their chief concerns at present is the small membership, being about one-half the registered nurses, which means a relatively small income. Their plan to strengthen and increase the membership will be partly carried out through a committee composed of presidents of all alumnae associations.

An alumnae association in the state publishes a magazine, and this has served as an inspiration to the graduates of that school and is subscribed to by the nurses of several others.

At the last annual meeting the state association decided to publish a tri-yearly pamphlet instead of an annual report, as formerly, to contain more of local interest pertaining to each training school and to be sent to the members of the association.

The possibility of establishing a central school of nursing in Baltimore is being investigated by a committee.

During the coming year the question of almshouse nursing will be carefully investigated.

The establishment of a Central Directory to be controlled by nurses is confidently expected.

It is the desire of the association to push the work vigorously by making the meetings of real educational value.

The association has been asked to coöperate with the Arundell Club by appointing a committee of three to join with three of its members in investigating and improving the cleanliness and sanitary conditions generally of the public schools of Baltimore.

By means of a circular letter, the members of each alumnae association will be asked to contribute the equivalent of at least one day's work toward the Hospital Economics Fund.

Minnesota.—The Minnesota State Graduate Nurses' Association has reason to feel justly proud of what has been accomplished since their organization in 1905.

During the year the first Board of Examiners was appointed by the Governor, and the first examination was held in December last.

The association has become incorporated, and is affiliated with the Minnesota State Federation of Women's Clubs.

A contract has been made with the Courant Publishing Company by which two entire issues of the magazine will be edited by the state association. The first edition appeared in January, and reflects great credit on the editor-in-chief, Mrs. A. R. Colvin, St. Paul, and her able staff of coworkers. The *Courant* is a monthly magazine and the official organ of the federated clubs of Minnesota, Wisconsin, and North and South Dakota.

Since January 1st, \$100 has been contributed toward the Hospital Economics Fund. The semi-annual meeting was held in Minneapolis in April.

Michigan.—The work of the Michigan State Nurses' Association this year has been to strengthen the weak links in the chain in preparation for the legislative work in 1909.

The Ways and Means Committee have been especially active in sending out circulars to every nurse in the state, and the results have been very gratifying.

In place of the state journal which was to have been published, a biennial report has been gotten out, which is very satisfactory to the members.

The Wayne County Graduate Nurses' Association, which took the initiative in organizing the state association in 1905, has recently established a Central Directory in Detroit under the efficient management of Miss Agnes G. Deans.

Miss Deans was the guest of Saginaw and Grand Rapids nurses recently in the interest of organizing county associations and establishing central directories.

The association will hold their next annual meeting in Ludington in June, in response to an invitation from the business men of that city.

A detailed account of the work of the Michigan Joint Committee on Alms-house Reform has been presented in a paper written by Mrs. L. J. Lupinski, of Grand Rapids.

Missouri.—The Missouri State Nurses' Association held its first annual meeting in St. Louis in October, 1908. Meeting was well attended and of great general interest. Papers were presented on "What State Registration Means to the Public" and "The Responsibilities of a Registered Nurse."

The delegate at Richmond pledged \$300 for the Hospital Economics Fund, but the association raised \$560 for this purpose, which is a great credit to the active workers in Missouri.

The question of Central Registration or Central Directories in the state is creating much interest and discussion among doctors and nurses.

A meeting was held in April, at which the bill for state registration was revised and plans were made for an early introduction at the next session of the Legislature.

New Hampshire.—From a membership of 143 in the Graduate Nurses' Association of New Hampshire 105 have registered during the first ten months of the existence of their law.

The Board of Examiners has presented to the Regents what is considered a minimum standard of requirements for the training schools of the state.

At the annual meeting in June, 1907, Miss M. E. P. Davis gave an address on "What Subjects Should Be Taught in the Training Schools for Nurses." This was in harmony with the work of the year, preparing a curriculum for the schools.

A committee was appointed for the purpose of raising money for the Hospital Economics Endowment Fund.

The AMERICAN JOURNAL OF NURSING was made the official organ, and a committee was appointed to increase the subscriptions in the state.

Quarterly meetings were held at Hanover in September and at Concord in December.

The chief aim of the association this year has been: First, to familiarize

the members with the provisions of the law regarding registration of nurses. Second, to create and sustain interest in a central preparatory school in New Hampshire. Third, to present to the public the necessity and usefulness of such a school. The fulfillment of their plans has not as yet been realized, but the work of "education" goes on steadily.

New York.—The New York State Nurses' Association held its annual meeting in October, 1907, which was well attended, and the sessions of unusual interest. Two alumnae, one county and one individual members were admitted to membership, making a total of 4325.

The association pledged to contribute the following: \$250 to the associated alumnae for the purchase of JOURNAL stock; \$250 for the Hospital Economics Endowment Fund; \$200 toward current expenses of the Hospital Economics Endowment Fund; \$150 *annually* toward the fund until such time as it was no longer needed.

It was decided to coöperate with the Society of Moral and Sanitary Prophylaxis in its educational work.

A committee of four was appointed by the president to serve with Miss L. L. Dock on the State Committee for Relief of Sick in Almshouses.

Miss Alline, nurse inspector of training schools, reported that the requirements of the Board of Regents had been the means of many improvements in the schools throughout the state.

At the Syracuse meeting a conference of the superintendents of training schools was held, to which every superintendent of a registered school was invited. About thirty-five attended and great interest was manifested in securing a uniform system of keeping records of nurses while in training. With this end in view a committee was appointed to report at the next meeting to be held in Buffalo in October.

North Carolina.—The North Carolina State Nurses' Association reports that a committee of three has been appointed to investigate almshouse conditions.

Every hospital in the state has been requested to send representatives to the June meeting and one day will be devoted to the discussion of hospital problems, for the purpose of bringing about a uniformity of curriculum. Out of eighteen hospitals with training schools, three have fifty or more beds.

The question of a preparatory course in the Normal School for candidates who wish to take up the nursing profession is still being agitated. The president of the State Normal has expressed a willingness to arrange for such a course of study as soon as there are applicants ready, but it will be necessary for the hospitals to coöperate before anything along this line can be accomplished.

Nebraska.—The Nebraska State Association of Graduate Nurses was organized in Omaha in November, 1906. From that time the association has steadily grown in numbers and usefulness.

Monthly meetings are held with good attendance, and an effort is made to have them both interesting and instructive.

Various subjects relating to nursing and matters of interest to the association have been discussed by outside speakers.

The association became affiliated this year with the Nebraska State Federation of Women's Clubs.

A bill for state registration is being prepared and will be presented to the 1909 Legislature.

Ohio.—The Ohio State Association of Graduate Nurses reports a prosperous year.

The annual meeting of the association was held in Cincinnati, at which a large number of representative women were present. The chief topics under discussion were: "The Nurse as a Factor in the Social Work of Cities," "Trained Nurses on Hospital Boards," "Nursing the Insane," etc. One hundred and twenty-five new members were admitted.

A bill for state registration was presented to the Legislature in February, but as it has met with strong opposition its passage is doubtful at this session of the Legislature.

Pennsylvania.—The Graduate Nurses' Association of Pennsylvania has a membership of 1303.

Their bill for state registration has been revised and will be presented at the next session of the Legislature.

Rhode Island.—The Rhode Island Association of Graduate Nurses was organized in October, 1904. A charter was granted January 25, 1905, and the first meeting of the incorporators was held the following day.

A bill for state registration was drafted, presented to the 1905 Legislature and defeated.

The association has a membership of ninety-eight and became affiliated with the Nurses' Associated Alumnae in 1907.

A committee has been appointed to visit almshouses.

Virginia.—The Virginia Graduate Nurses' Association report that the nurses of the state are thoroughly aroused as to the benefits and importance of state registration; the graduates of training schools throughout the state are coming forward for registration in increasing numbers each year.

The state board has distributed a large number of washable "R.N." bands which are to be worn on the nurses' uniforms when on duty.

The tuberculosis campaign is eliciting increased interest, particularly in Richmond, where the city council has made an appropriation for the maintenance of a special tubercular nurse. Three dispensaries have been established in different sections of the city, and enthusiastic work is being done by the district nurses.

A great effort is being made by the State Board of Examiners to bring about the affiliation of small training schools with the large hospitals of the cities, which would do away with the very small private hospitals and the handicapped training schools which are part of them.

The nurses of "The Old Dominion" feel that impetus and inspiration were given them last spring in the delightful gathering at Richmond, and through their secretary they send cordial greetings to their sisters assembled at the "Golden Gate" of the west.

West Virginia.—The Graduate Nurses' Association of West Virginia held its second annual meeting in Wheeling in November, and has an active membership of 223.

Under the present law in West Virginia, no woman can hold a state office, so the State Board of Examiners for Nurses is composed of five physicians. Two hundred and thirty-six graduates have been registered without examination, having applied before January 1st according to the law.

It is felt that much good has already been done by the passage of their law for state registration in that several schools have become incorporated, and the board is trying to raise the standards of those which are irregular in methods and discipline.

It is interesting to note that at a special session of the Legislature in Charleston this past winter, a Constitutional Amendment was passed allowing women to be appointed on state boards in West Virginia. This will not become a law, however, until the citizens vote for it at the election this fall.

As reported last year the following states have associations organized, but are *not* affiliated: New Jersey, Louisiana, South Carolina and Washington. Oregon, Nebraska, Georgia and Texas have become affiliated this year. No official report has been sent from Oregon or Texas.

Of the twenty-nine states organized, twenty-four are affiliated with the Nurses' Associated Alumnae and sixteen have state registration.

Since the meeting in Richmond, it is interesting to note that Georgia organized and secured state registration, and that Massachusetts, Ohio and Kentucky presented bills but were unsuccessful in securing legislative enactments.

The work of the inter-state secretary has been much along the same channel as in the preceding year, except that more inquiries are being made as to the work to be done after state registration is secured; how to hold the interest of the members after bills are defeated; how to secure affiliation of the small and large training schools, etc.

It has been the desire of the inter-state secretary to prepare a history of the state associations, to contain only important items of interest and to be used as a reference book for the department, which would in time be invaluable to the Nurses' Associated Alumnae. With this end in view a personal letter was sent to each state association, and the replies from a large number have been most gratifying, but the work has been handicapped largely because very few associations have condensed reports, and also because the officers have not seemed to understand just what was desired.

Aside from printed matter of all kinds furnished upon request two hundred and thirty-one communications have been sent out.

The work of the department would be greatly facilitated if not only the members of the state associations, but the officers *especially* would peruse the pages of the nursing journals more carefully.

Respectfully submitted,

SARAH E. SLY,
Inter-state Secretary.

During the discussion of state work which followed Miss Damer gave an account of the admission of graduates of insane hospitals of New York State to registration and of their representation on the Board of Examiners of the state by the appointment of the matron of an insane hospital, who is also a registered nurse, as an examiner. The training in the care of the insane is accepted as an equivalent for the practical training in the care of children, the theoretical examinations of such applicants being the same.

The resolution to be presented to the International Congress of Tuberculosis was read by Mrs. Pottenger:

WHEREAS, The spirit on which the nursing profession is founded is to alleviate suffering and to prevent it wherever that is possible, and whereas testimony has been given by many nurses that great physical and mental suffering is constantly being caused by the sending of tuberculous patients without money and without friends great distances, to places where climatic conditions are considered valuable, and whereas it has been proven that untold mental and physical suffering is being caused by such a policy, be it resolved that the Nurses' Associated Alumnae of the United States now in session recommend that as a body and as individuals we exert all the influence that we can command to bring before physicians, charitable societies and others interested in the welfare of tuberculous persons of restricted resources the desirability of having such sufferers cared for at home.

Further be it resolved that delegates interest themselves to present this matter to their constituencies urging coöperation with this body.

It was decided that the Associated Alumnae should become a member of the anti-tuberculosis league and send delegates regularly to its meetings.

The president introduced the subject of the purchase of THE AMERICAN JOURNAL OF NURSING by the association and stated that the directors in conference with corporation lawyers had been advised that it would not be necessary to change the by-laws in order to take the ownership of the JOURNAL, that the simplest way to proceed would be to purchase enough share of stock to gain the controlling vote in its management. As the Associated Alumnae now owns twenty shares, it would need to purchase thirty-one more. She then introduced the following resolution presented by the Board of Directors:

Resolved, That the Board of Directors of the Nurses' Associated Alumnae of the United States be and they hereby are authorized to purchase at par or less thirty-one (31) shares of the capital stock of THE AMERICAN JOURNAL OF NURSING COMPANY, a corporation organized and existing under and pursuant to the laws of the State of New York; and

Further Resolved, That the Board of Directors be and they hereby are authorized to issue in payment of such shares as they may purchase in pursuance to the authority conferred by this resolution, note or notes of the Nurses' Associated Alumnae of the United States payable not earlier than one

year from their respective dates and not more than five (5) years, and bearing interest at the rate of three (3) per centum per annum.

After full discussion this resolution was adopted.

The president expressed the hope that some of the associations owning stock would present one share each to the Associated Alumnae. The Alice Fisher Alumnae presented one share, and we are officially informed that the Johns Hopkins Alumnae Association will present the two shares in its possession.

Papers were then read as follows:

1. "Effect of Registration on the Profession and on the Individual," by Miss Sarah E. Parsons. The discussion was led by Miss Jones.

2. "Some Difficulties of the New York State Examining Board," by Jane Elizabeth Hitchcock, read by Mrs. Fournier. The discussion was led by Mrs. Lockwood of Connecticut.

Friday, May 8

AFTERNOON SESSION

State work was discussed, the difficulty of making the public and nurses themselves understand what registration really is, remedies for ignorance along these lines, the question of reciprocity between states, etc.

A delegate called attention to the fact that the constitution makes no provision for filling vacancies in office that may occur. Miss Damer said that was one of the defects in the existing constitution which must soon be made over, and asked that as suggestions for necessary changes occur to members they be sent to the directors. It was decided that any vacancy occurring be filled by nomination from the floor and voting upon it.

The papers of the afternoon were:

1. "The Organization of Nurses' Clubs and Directories under State Associations," by Mrs. Reba Thelin Foster, read by Miss Ford. The discussion was led by Miss Holmes and was followed by a general discussion of the methods of managing directories.

2. "Progress of Registration in Foreign Lands," by Miss L. L. Dock, read by Miss Theresa Earles McCarthy.

The question of a place of meeting for 1909 was discussed. It was urged that Minnesota be chosen as the place where it is most needed. It is accessible to both eastern and western nurses and the interest roused in the west by this year's convention would be continued. The question of meeting in New York so as to have a meeting of the Federation of Nurses was considered less important for next year than the carrying on the work in the west. The motion to meet in Minnesota in 1909 was made by a delegate from New York City and was carried with enthusiasm. The exact date of meeting was left to the directors as it may be wiser to meet in June rather than in May.

The Committee on Resolutions read the following report which was accepted:

Be it resolved, That we extend the most heartfelt thanks of the association, to the nurses of San Francisco, California, and her sister states, for their most cordial welcome, and arrangements for our comfort, pleasure and entertainment while here. To the Mayor of San Francisco for his words of welcome and encouragement, to the Rev. Bradford Leavitt for the invocation, and to the

local press for printing the notices of the meeting. To the nurses of Chicago, Des Moines, Denver, Colorado Springs and Salt Lake City for their hospitality and arrangements for our entertainment. To the nurses of the west who have extended such cordial invitations to visit their cities on the return trip.

Respectfully submitted,

A. C. GARRETT, Chairman,

FRANCES JONES,

MRS. M. S. FOY.

The Nominating Committee for next year was appointed as follows: Dr. Helen Parker Criswell, chairman, Miss Grace Holmes, Miss Emma C. Lindberg, Miss Bena M. Henderson, Miss Sarah J. Graham.

Miss Helena Barnard, of Los Angeles, was introduced as the only charter member of the association present and its first secretary. She expressed her pleasure at seeing the association in California, and said that during the meetings, the first she had attended in nine years, she had been pleased to see that there had been growth in development and progress as well as in size.

The tellers announced the election of the following officers for the ensuing year: President, Miss Annie Damer; first vice-president, Miss Genevieve Cooke; second vice-president, Miss Sarah H. Cabaniss; secretary, Miss Sarah E. Sly; treasurer, Miss Anna Davids. Directors, Miss Adelaide Nutting, Mrs. E. G. Fournier.

The election of Miss Sly as secretary caused a vacancy on the Board of Directors and Miss DeWitt was elected to fill out her term.

After the introduction of the new officers the meeting was declared adjourned.

KATHARINE DEWITT, R.N.,

Retiring Secretary.



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EDITORIAL COMMENT



THE PROTECTION OF THE EMBLEM OF THE RED CROSS

WE wish to say a few words to our friends in the hospitals of New York State and elsewhere who have been making use of the Geneva or red cross as a means of raising funds on "tag days" and similar occasions in innocent (no doubt) but express violation of the charter rights of the American National Red Cross and of our treaty obligations as a nation.

It is probable that the hospitals are not aware that they are misusing the insignia of the Red Cross, still less that in doing so they are injuring the Red Cross itself. They have found other persons and institutions using the red cross and doubtless have thought it harmless for them to use it, especially for a purpose more or less like that of the Red Cross. When they learn that the red cross is the common symbol of all army hospital corps and auxiliary Red Cross societies which protect the sick and injured and the hospital personnel and material from attack in time of war, and that now, all over the world it has come to cover and signify this special and official kind of protection, relief and prevention of sickness and injury in war, disaster and pestilence, they will realize that it cannot be used loosely without having its usefulness seriously impaired.

Emergency relief, indeed, on the large scale which the Red Cross has to undertake in times of calamity can only be organized through long previous preparation. It is in part as a preparation for its other duties that it has embraced this year what is, perhaps, the greatest mission of all, that of combating tuberculosis, which slays its hundreds where war slays its tens. Preparation is a question of educating and rousing the people to protect themselves. It cannot be done in a minute.

Millions of dollars are needed before a tolerable condition of preparedness can be reached. The problem of stopping the terrible drain of life and power is a vital one to America and the assistance of all her children is needed, not only in the multitude of important special ways of which the hospitals are worthy examples, but in other larger general and more inclusive modes.

Only those concerned with questions of a large and general nature know how difficult it is to secure and hold the popular attention to a subject after the crisis has passed. It is particularly difficult to make our American people realize that war and disaster and pestilence are coming again and again to exact their frightful harvest of death and suffering, unless something is done to check them, and that it is infinitely more merciful (as well as sensible) to take pains for prevention than for belated relief. The need of a symbol which shall recall and summarize to the popular mind what has been done along this line and what remains to be done is plainly apparent. Its significance is what gives it its value. This is why the hospitals like to use the picturesque Geneva cross and precisely why they should not use it. Every misuse makes for confusion and the loss through confusion falls ultimately and heavily upon the people themselves, whose organization the Red Cross is.

Our national Red Cross is not, as some people imagine, a private and exclusive society. It is, instead, the whole people organized for the purpose of preventing suffering and loss of life. Everybody, man, woman, or child, may become a member and have a voice in it. It is public and official: one-third of the members of the Central Committee are appointed by the President of the United States, the finances are audited by the War Department and a report is annually made to Congress. It is linked with the Red Cross societies of forty-two other nations, whose total membership is upward of five million members.

It may be asked, perhaps, why with this important rôle, the Red Cross has not been given power to protect itself. The answer is that it has been given such power. By an act of Congress, January 5, 1905, the misuse of the red cross is made a misdemeanor, punishable by fine or imprisonment, or both. Although the Red Cross has power to prosecute, it feels it better to be merciful here, also. The abuse of the red cross is not of recent standing. Many persons and institutions are using it in innocent ignorance of the injury they are causing. Moreover, the Red Cross has not until recently made an attempt to protect its insignia. It has depended upon the loyalty of the people. Our people, however, are a busy people, engrossed to a large extent in their

own affairs, and something in the nature of a reminder seems to be needed. We beg the hospitals which have the interest almost of kinship in the Red Cross to help secure the latter in its emblem. The Department of Charities of New York City, thanks to Commissioner Hebbard, and Bellevue and Allied Hospitals of New York City have set a splendid example to the hospitals of the country by changing from the red cross to the symbol of Æsculapius, and it is already bearing fruit. Will not the members of the hospital boards, as distinguished and enlightened members of the community, do as much?

THE VALUE OF PRACTICAL EXPERIENCE

SOMETIMES nurses whose experience has been confined to large teaching hospitals find occasion to criticize the scientific value of the practical papers published in our pages. Our effort has been and still is to obtain from the women of broad practical experience in the home, papers written as a result of such experience which will be of assistance to the private duty nurse in her daily round. We want to say, however, to those of our readers whose training has been more complete, that when a paper is published which does not give in full the very latest knowledge on a subject, it should be rounded out and supplemented by further contributions from those who see where the writer's knowledge has been limited, thus carrying on the subject from month to month and adding greatly to the value of the JOURNAL as a means of graduate study.

When all has been said, we have to realize that there are limits to the variety of nursing subjects. It is a kind of occupation which repeats itself over and over, and our contributions must contain something of repetition as the years go on. To keep in touch with such changes in nursing technic as are developed through the change in medical progress, is about all there is new to be recorded, aside from the knowledge gained by practical women as a result of the experience of years.

Our contributions from women in the field of private duty have increased very greatly in number and quality during the last six months, one of the most gratifying experiences which the editorial board has to record. It is an indication of true professional growth, as the ability to produce literature is one of the recognized tests that a calling is becoming worthy of professional recognition. The criticism which we have heard made frequently, that nursing is not a profession because it has produced no literature, is rapidly being refuted by the character of

contributions from our practical workers and by the text-books which are coming more frequently from the pens of nurses.

OUTINGS

DURING the long summer days when wood and field and stream invite one to be lazy and to store up strength for the future, our thoughts dwell with compassion on the many nurses who, for some good reason or other, cannot run away from sick-room sights and sounds, but must stay at the post of duty, taking temperatures, giving medicines, handing instruments, making solutions, giving baths, while the heat oppresses them, and their chosen work almost loses its interest.

All such should seize every opportunity which offers itself for a small outing, since the larger one is denied. A walk in a park, or, if one's feet are too tired for that, an hour's rest on a park bench, watching the babies and the birds, a boat ride, a street car ride which carries one away from the city, all these give a little lift to one's spirits and a little fresh vigor for toil.

The night nurse should make a special effort to get out into the fresh air each morning before her day's sleep, so that the whole summer may not slip past her unnoticed and unknown, as sometimes happens.

The effort to preserve a happy spirit will add much to one's comfort. A chafing, rebellious mind, added to the heat and confinement, will make its owner even more miserable than she need be.

THE TUBERCULOSIS CONGRESS

GREAT interest is being shown all over the country in the congress and the special session for nurses. The latter will probably fall on the first of October, and there may even be an overflow meeting. A number of papers have been promised and some have come in, but in the uncertainty that attends programs it seems better to wait until the September issue of the *JOURNAL* before attempting to give the complete list of papers.

We may say once more, here, that any nurse in any part of the country who has anything useful to contribute from her own experience, need not wait to be asked to write, but may send it in with the assurance that it will be welcome.

The Committee of the Nurses' Session has added Mrs. Lystra E. Gretter, head of the Visiting Nurse Association of Detroit, to its mem-

bers. Mrs. Gretter writes with the utmost hopefulness of the anti-tuberculosis crusade in that city.

Miss Strong, chairman of the Nurses' Exhibit Committee of the International Tuberculosis Congress, is sending letters to the state associations asking that they contribute toward expenses. As it is necessary to raise at least one thousand dollars it is hoped a prompt response with enclosure will be received.

HEALTH PROGRESS IN MICHIGAN

THE State Department of Health in Michigan is one of the most active and earnest in the country and its bulletins are always valuable and interesting. The latest one, issued in May, which is the seventh on preventable diseases, gives tables showing the prevalence of nine dangerous communicable diseases during each month of this year and a comparison with the average per month during 1904-1906. From this table one can see that tuberculosis is increasing, while the other diseases reported, pneumonia, typhoid fever, diphtheria, meningitis, whooping-cough, scarlet fever, measles and smallpox are decreasing. The campaign being steadily carried on by this board to educate the people and to induce doctors to report diseases and take measures for their extermination ought to be rewarded by just such results.

INFORMATION WANTED AS TO SCHOOL-HOUSE INSPECTION

THE question of cleaning school-houses and securing adequate sanitary conditions in them, has for a long time perplexed those in a position to know of the general lack of hygienic conditions that exist in many or most of them. To this end, we are asked by a nurse on the Committee on Janitor Service in the public schools of a large eastern city to ask our readers to come forward with any practical suggestions which would help in solving this problem. The public schools in many communities are only superficially cleaned; supervision of such cleaning is not systematic, nor enforced by such people as would be likely to recognize the hygienic value of it. The janitors often have entirely too much to do, so that at best their work must be inadequate to the proper needs of the building. The question of proper cleaning of closets and lavatories, supplying fresh towels, regulation of the height of seats in closets for use by small children, and so forth, is one on which nurses, school nurses especially, might well have valuable suggestions to offer. The most glaring defects in the sanitary cleaning of school

buildings, and their greatest needs, as they strike individual observers, is what we want to elicit in the way of replies. A nurse on a tour of inspection and investigation in a hospital or factory can make good suggestions as to conditions of light, ventilation, and cleanliness, and can see many defects that a layman would not have noticed. All nurses, therefore, who have anything to say, or criticisms to offer as to methods concerning hygienic or non-hygienic conditions in the public schools, are asked to come forward freely with their remedies and suggestions, which are greatly needed in one city, and perhaps in several.

CONVENTION ECHOES AND FORECASTS

ALTHOUGH the eleventh annual convention of the Associated Alumnae is but just over, plans for the twelfth are being pushed forward so rapidly and enthusiastically that already it begins to seem a reality.

The superintendents have generously laid aside their plan for meeting in New York and will, instead, convene in Minnesota, so we may hope for a meeting of the Federation of Nurses once more, that is, a day given to a meeting together of the Superintendents' Society and the Associated Alumnae, the two bodies composing the Federation.

It will be a great undertaking for the Minnesota nurses to entertain two such bodies, and it is delightful to hear that Iowa is showing a sisterly feeling and is offering to help, as shown in their report on another page. One of the Iowa workers writes: "If every nurse in the United States could attend even one National Convention, we would have no more indifference. The meeting next year at the Twin Cities will do endless good for the middle west. The Iowa nurses are planning that their state convention shall meet just before the national, and that the members shall then go from Dubuque in a body, by special boat up the Mississippi."

Already North Carolina and Iowa have chosen their delegates, and now that the doors of membership have been thrown open to city and county associations, we hope that they will throng in and that our national association will become more truly representative than ever before.

THE AMERICAN HOSPITAL ASSOCIATION

WE have received the preliminary announcement of the tenth annual conference of the American Hospital Association, which is to be held at Toronto, September 22-25. An unusual number of papers written by

nurses will be presented: "The Inspection of Nurse Training Schools," by Anna L. Alline; "Some Problems of the Training School for Nursing," Adelaide Nutting; "Relation of the Training School to Hospital Efficiency," Charlotte A. Aikens; and "The Relation Between the Superintendent and the Staff," E. McL. Patton. These and others to be given by doctors or hospital superintendents, etc., promise an interesting and valuable meeting.

A NEW BUREAU TO BE OPENED

AT a recent meeting of the directors of THE AMERICAN JOURNAL OF NURSING it was decided to open in the near future a bureau for securing institutional positions for nurses and nurses for hospital positions. This will be conducted through the office of the business manager, and suggestions are asked for from superintendents and others interested as to how it can be made most helpful. These should be addressed to Miss M. E. P. Davis, care THE AMERICAN JOURNAL OF NURSING, 227 South Sixth Street, Philadelphia, Pa.



THE DUTIES OF THE NURSE IN THE MANAGEMENT OF MAJOR OPERATIONS IN PRIVATE HOMES

BY RICHARD R. SMITH, M.D.
Grand Rapids, Mich.

IN spite of the many advantages to patient and surgeon offered by our hospitals for operative work, there are still, and probably always will be, a considerable number of operations to be performed in private homes. A well-trained, self-reliant nurse, with a moderate amount of ingenuity and an ability to accommodate herself to circumstances, can do much to render such operations successful.

The disadvantages to be met with are numerous. We must concede, however, a few advantages—notably a calmer, more contented state of the patient's mind, and quieter surroundings for convalescence. The results of operation as regards wound infection are usually excellent; at least they can be made so if matters are well managed. The greatest drawbacks are that the operation usually takes a longer time in its performance and confusion is more apt to ensue if the conditions met with are unusual or very difficult. For this reason, careful preparation must be made and the nurse should endeavor to so coöperate with the surgeon as to make the operation proceed expeditiously and without confusion. A great deal is being done nowadays in our hospitals to better the organization of our operating rooms—the same should obtain in similar work in private homes. The intelligent coöperation of operator, assistants and nurse is here perhaps more necessary than in the hospital, where there are more to assist. There are few situations where the surgeon is so dependent upon the nurse as here. His patient's safety and comfort lie largely in her hands. I each year operate upon many patients in the country. The patients are rarely visited afterward by myself and are often so far from the practitioner in charge as to make frequent visits impossible. A large amount of the responsibility rests with the nurse.

We have endeavored to divide the work of preparation in such a way as to save all possible time and yet maintain a logical technic as regards asepsis.

We will presume that the operation is to be out of the city where the nurse will practically have complete charge of the preparation. She should usually be sent to the patient the afternoon beforehand. In emergency, she may go with the surgeon. She should be told the nature

of the expected operation, the time she will probably remain on the case, the time when the surgeon is to arrive, and any exceptions to be made in the preparation. Upon leaving the train she should, if possible, see the physician in charge, get from him any needed information as to patient and surroundings, and his instructions as to feeding and cathartics. Upon her arrival at the home she should at once see her patient. A spirit of cheerfulness, kindness and encouragement will do much to

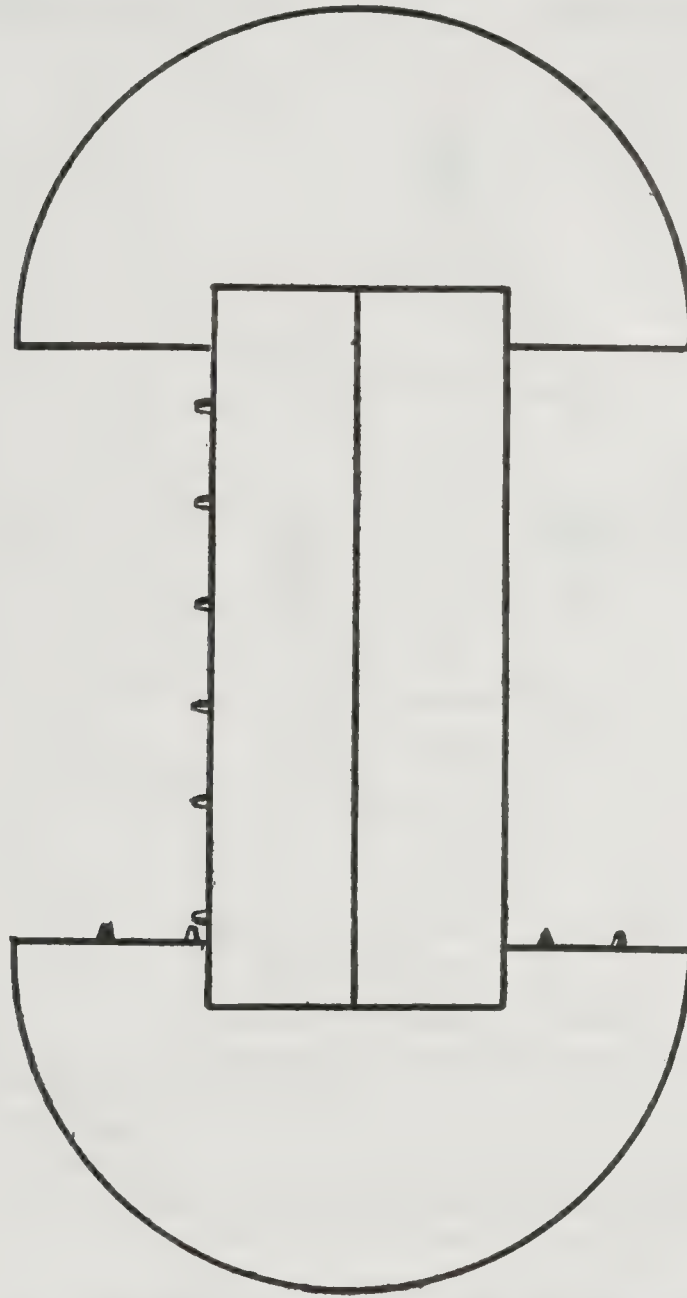


FIG. 1.—Dining-room table arranged for operating.
Two leaves removed and placed lengthwise.

make the stay of the nurse a pleasant one and is of inestimable help to the patient. As soon as she has put on her uniform she should start her chart, making note of temperature, pulse, and general condition. The same rules for keeping record obtain here as at the hospital. A sample of urine should be obtained in all cases and in ample time for examination. This should be given the practitioner on his first visit.

He may have made such examination, but it is well not to take this for granted, as such is often made only at the last moment.

Now comes the selection of a room for operation. Usually but little choice is given. It may be parlor, dining-room, or even kitchen. Good light is the first consideration. If possible, the room should have more than one window, as this helps to do away with shadows. If the operation is to be done at night, as many emergency operations are,

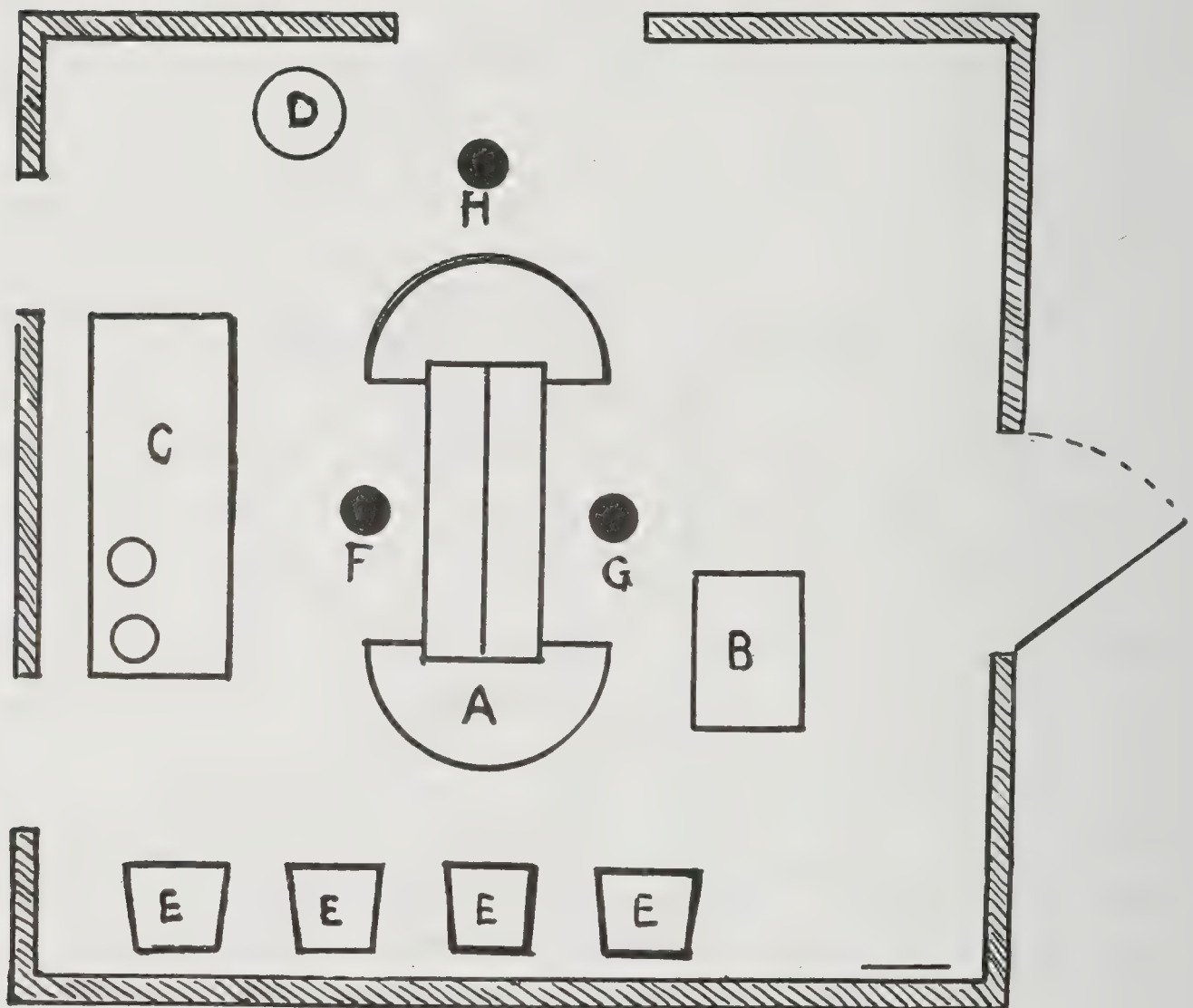


FIG. 2.—Arrangement of operating room. This will, of course, be varied according to circumstances. A, operating table; B, instrument table; C, operating material; D, anæsthetizer's materials; E, chairs; F, assistant; G, operator; H, anæsthetizer.

plenty of lamps in good condition should be procured, or one may rely on gas or electricity if at hand. On account of the uncertainty of the latter in country districts, it is well to see that one or two good lamps are at hand in case of failure. A room with light paper gives a more diffuse and better light than one more darkly tinted. One must look to it that the heating apparatus is reliable and sufficient. A temperature of from 80° to 90° F. at the time of operation is imperative. Recently we were delayed nearly two hours because the nurse had not looked after

this important item. The size of the room is of rather secondary importance—a large room is, of course, preferable, but within certain limitations a small room well lighted and heated is preferable to the large one lacking these two requisites.

There are usually plenty of friends and relatives to do the rough part of the work. An intelligent woman should, if possible, be selected to do some of the work of the unsterilized nurse of the operating room. All furniture should be removed and the walls and windows made bare.

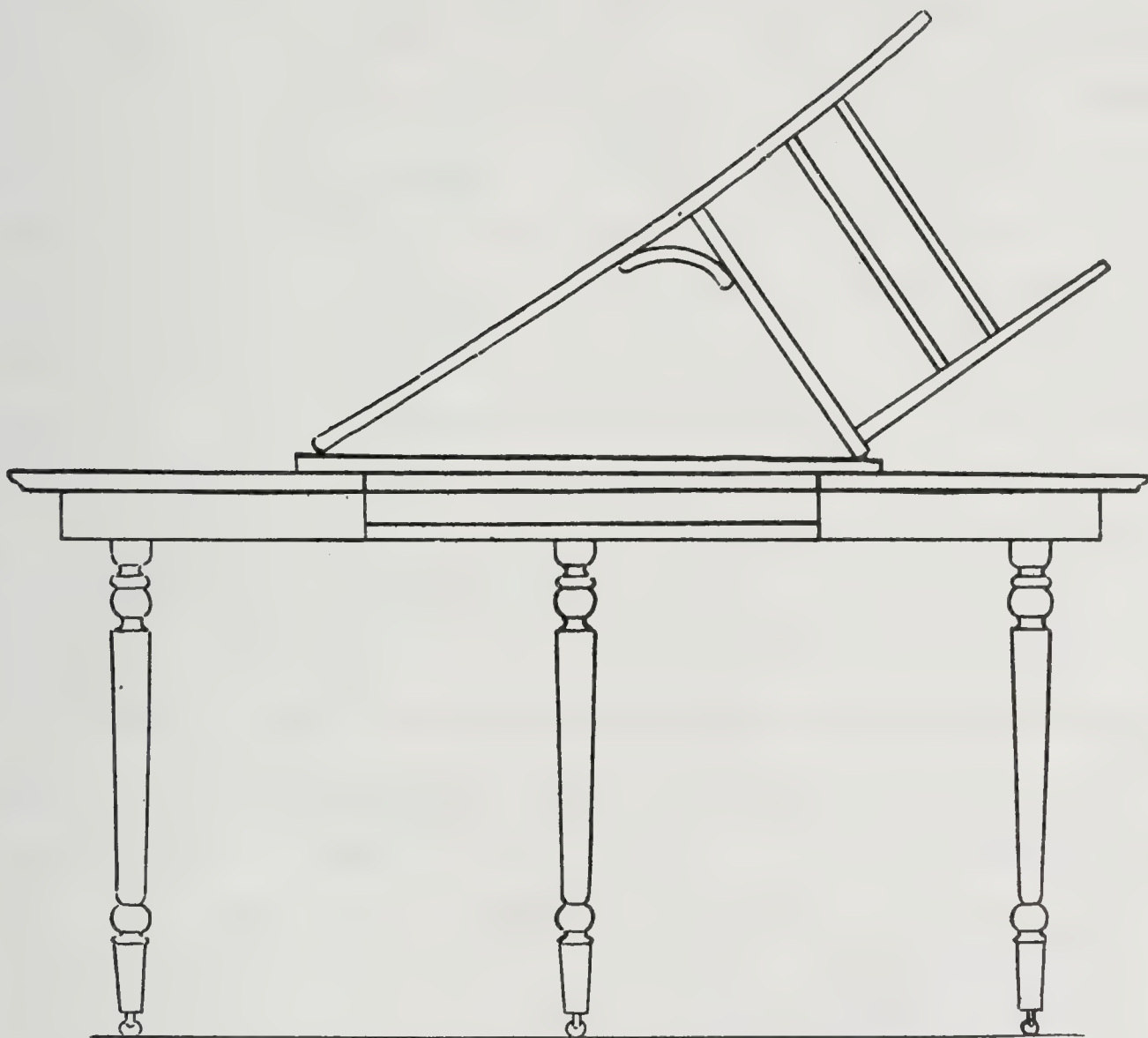


FIG. 3.—TABLE AND CHAIR ARRANGED FOR TRENDELENBURG POSITION.

The windows may, if necessary, be made opaque by rubbing over them a bar of soap well moistened in water. In most instances the carpet should be taken up, but in emergencies and occasionally under other circumstances, it may be left on the floor; for instance, if the floor underneath is in very poor condition and not to be easily cleaned. Under these circumstances clean sheets should be tacked or pinned down to the carpet so as to cover all the floor space utilized. The wall should be wiped with moist cloths on a broom to remove all dust and loose dirt. Window frames and all woodwork should be cleaned with a mild carbolic

solution (say 5 per cent.), or bichloride 1-1000. While this is being done the tables should be selected. I have never been convinced that any of the portable operating tables on the market were of any marked advantage. They are difficult to carry back and forth and in many of them strength is sacrificed to lightness. When the practitioner has a good one at his command, I have used it. Otherwise I use the family dining-room or even kitchen table. If the former, it should be made about six feet in length. Two leaves should be removed from the table and placed lengthwise between the ends. The leaves may, or may not, be nailed in place (Fig. 1). This arrangement allows surgeon and assistant to stand close to the patient without strain. A table of good size, say three by five feet, should be obtained for gowns, towels, sponges, suture material, etc. Two smaller tables placed together may, of course, be substituted for this. Then there must be a table—say two by two—for instruments, and a smaller one for the anæsthetizer's material. A chair may often be substituted for the last named. Four plain wooden chairs are to be placed in a row along the wall for wash bowls and solutions (Fig. 2). Another table may be substituted for two of the chairs to hold solutions. The tables and chairs should be thoroughly scrubbed. A stout chair with a square back, suitable for the Trendelenburg position, may be obtained if there is any possibility of its being used (Fig. 3). The chairs may be covered with clean sheets to good advantage. On occasions, in homes well furnished with linen, the nurse has covered the walls to a good height with clean sheets. This gives good light.

The kit should now be unpacked. Our full laparotomy kit contains the following:

- Surgeon's instruments, needles and knives.
- Four sterile sheets.
- One sterile laparotomy sheet.
- One sterile laparotomy towel.
- Four sterile gowns.
- Four packages sterile dressings.
- Three packages sterile sponges (24 in each).
- Two packages sterile large laparotomy sponges (6 in each).
- Two packages sterile medium laparotomy sponges (6 in each).
- Two bags sterile scrub sponges.
- One bag sterile vaginal sponges.
- One sterile abdominal pad.
- Six bandages.
- Suture material in abundance, including catgut, silkworm gut, silk or linen.
- Iodoform packing in test tubes (sterile).
- Plain packing (assorted widths) in packages or tubes (sterile).

A box of assorted sizes of drainage tubes.

Cigarette drains.

Rubber dam.

Catheter, douche points, rectal tube, razor.

One bottle bichloride tablets (large).

One bottle collodion.

One bottle carbolic acid (95 per cent.).

One bottle alcohol.

One bottle green soap.

One bottle chloroform.

One bottle (small) formaldehyde (40 per cent.) for specimen (to be diluted when used).

One can ether for anæsthesia.

One can commercial ether.

Ether and chloroform masks.

Six nail brushes.

Six basins.

Instrument pan.

Kelly pad.

Douche bag.

Gloves.

Adhesive strips.

Safety pins.

The sterilization of everything marked "sterile" is done at the hospital. Sponges are thrice counted before sterilization (and again by the nurse previous to operation).

The kit is packed in a strong telescope and, however reliable may have been the person putting it up, it is quite imperative that the nurse go over each item to see that nothing has been omitted. We have the hospital furnish a list with each kit and it is an easy matter to check this. On one occasion we found ourselves six miles in the country, ready for operation, but with no anæsthetic. It meant a delay of an hour and a half. On another occasion we had to send eight miles for curetting instruments before we could proceed. Since a full laparotomy kit includes material for almost any emergency, there is necessarily much that will not be used. These things will best be sorted out at once and put back in the telescope. No sterilized material should, of course, be opened at this time, except scrub sponges and a package of dressings.

A clean boiler should be filled two-thirds with clean water—soft water is preferable, but not imperative. In either case it should be strained through cotton if it contain sediment. A dipper with a string attached to the handle may be attached to the boiler and placed inside. The water should be boiled one-half hour. Without removing the cover, it may then be placed in the operating room out of the way and a clean

towel placed over it. It takes many hours for this to cool and it must be prepared the night before operation and not in the morning. In emergency, a large pitcher of boiled water may be cooled rapidly by placing it outside in the snow, or it may be poured from one pitcher to another (both pitchers previously boiled) and back again a number of times until sufficiently cool.

Before the patient's supper we give an ounce of castor oil, unless contraindicated. In regard to feeding, the practice varies considerably. We usually make the supper a moderately substantial one, for instance, as follows: A soft egg, or piece of steak, buttered toast, tea. At midnight a glass of milk or broth may be given if the patient is poorly nourished. We give water frequently during the evening and the morning of the operation.

Then comes the preparation of the field of operation. We prepare both vagina and abdomen in all gynæcological and abdominal cases, irrespective of the operation intended. It not infrequently happens that the operator changes his plans after a personal examination of the patient, or after the work has begun. This rule is particularly necessary outside of the hospital, although we follow it there also. If the nurse is not acquainted with the method of preparation preferred by the operator, it is well to inquire of him when engaged. When such information has not been obtained, she may make use of any of the standard procedures in which she has been trained. We use the following: The vulva is completely and carefully shaved, including the parts about the rectum. Soap and water with a moderately firm brush is lightly applied for ten minutes to the abdomen. Great care is taken not to abrade the skin. Particular care is given to the umbilicus—a pledget of gauze is useful here. All soap is then removed with water. Ether, alcohol, and bichloride (1-2000) are applied in sequence on pledgets of gauze. The abdomen is then wiped dry and covered with simple sterile gauze in abundance; over this, a well-fitting roller bandage, or a many-tailed bandage, or a binder improvised from cotton cloth. A careful fitting of this bandage deserves more care than is sometimes given it. It is not reassuring to the surgeon on examining the patient before operation to find the abdomen only half covered and exposed to the bedding and the patient's hands. The vagina is washed out gently, but thoroughly, with cotton or gauze on the finger, using plenty of soap and warm water. The vulva is treated likewise; a brush is, of course, too harsh for this purpose. A douche of plain water and one of bichloride (1-2000) follows and a clean aseptic pad is applied.

If it is a possible thing, the nurse should secure a good night's

rest before operation—the night following is, of course, apt to be a long and hard one. She should see to it that the house is made as quiet as possible at the earliest moment after the completion of the preparation. A too frequent neglect of this simple matter leads me to speak of it. If the nurse is ordinarily quick, two or three hours will suffice for this much of the preparation. It is well to allow two hours in the morning for the completion of the work previous to the arrival of the surgeon.

In the morning, the patient is first given her enema and a good movement secured. We use a simple soapsud enema for this purpose. As with the matter of the cathartic, this rule may have to be varied in certain cases, according to the instructions of the operator or practitioner. Where a bulky soapsuds enema is contraindicated, we often give two ounces of glycerin in four ounces of water, or even an ounce of glycerin alone. If, for any reason, a good result has not been secured, it should be reported to the surgeon upon his arrival.

A second boiler and a kettle of clean water should be put on to boil for half an hour. A large dish pan may be substituted, if the boiler cannot be conveniently obtained. In the boiler may be placed six basins, two wash bowls and one large pitcher. The nurse then removes the pins from the packages of gauze, gowns, towels, etc. In all serious operations it is well to have saline solution ready for intra-abdominal or subcutaneous use. This is best prepared by taking one gallon of perfectly clear water, boiling it ten minutes; a teaspoonful of salt to the pint is put in a separate dish and boiled in a small quantity of water; this is added to the water, which is kept in a boiled pitcher, covered with a towel. The nurse then scrubs her hands well for ten minutes and puts them through the solutions. Everything should be removed from the large table which is to hold this material and it should be covered with a sterilized sheet removed from the package by the nurse. A helper opens the package and the nurse removes its contents with sterilized hands. The outer covering only, of the packages containing the sponges, is removed, since they are to be counted and handled only with gloved hands. Three of the boiled basins are removed with a forceps from the boiler and placed upon the table; one for the suture material, one for the sponges, and the last for sponges after they have been used. If preferred, the suture material and sponges may be placed on towels folded so as to cover them instead of using basins. Sheets, towels, gowns, and gauze dressings are unwrapped and placed upon the table. Bottles containing solutions are best soaked in strong bichloride solution and afterward wrapped in sterile gauze. They are then placed

upon the table. The rubber gloves are wrapped in separate packages of gauze (a pair in each package) and placed in a basin ready to be boiled.

Two wash bowls are placed upon chairs, on the next chair the boiled scrub brushes, green soap and a nail cleaner. On the last chair a basin of bichloride. See that a slop basin is at hand. This can afterward be used under the operating table. A foot tub, a clean pail, or a dish pan, may any of them be used for this purpose. If the Trendelenburg is not to be used, the table is covered with a clean blanket, over which a clean sheet is placed. This completes the nurse's duties up to the time of the arrival of the surgeon.

As a rule, the surgeon examines the patient, and for this purpose requires a basin or wash bowl with a pitcher of hot water and plain soap. This had best be placed outside the operating room. If he is to remove the dressings from the patient's abdomen, an extra pair of gloves for this purpose should be at hand. As soon as the examination is completed, the nurse should at once ask the surgeon to select his instruments. Such instruments as are to be used are then put on to boil. The basin containing the gloves goes on at the same time. The knives and scissors are placed in pure carbolic, if preferred. They are washed off, at the last moment, in alcohol.

Custom varies as to whether the patient be anæsthetized in her own room or upon the table. In either case, it is, of course, necessary to see that the technic is not interfered with when she is brought in. Just before the anæsthetic is begun, the patient should be catheterized. It is best that the anæsthetizer's gown goes on at the time that he begins the anæsthetic. He prepares his own hypodermics. If the patient is anæsthetized before bringing her to the table, I usually place her at once in the Trendelenburg position if such is to be used, seeing that she is comfortably placed on a blanket and securely tied.¹ The last round of the chair should be padded. The limbs should then be wrapped in a blanket up to the pubes. The arms are best secured by fastening the hands over the chest, with the elbows resting on the table. The night dress may be doubled up over the hands and secured with safety pins in such a manner that it is impossible for the patient to bring her hands into the field of operation by any sudden move.

While the anæsthetic is being given, the surgeon and his assistant

¹ If vaginal work is to be performed, it is necessary to divide instruments, suture material, needles, sponges, gloves, gowns, into two separate parts; when completed, and before the second operation begins, these should be removed.

have been scrubbing their hands. It is necessary that the pitcher of hot water be kept ready and refilled. This can be done by a helper. After washing, the surgeons put their hands into the solutions which have been previously prepared. Any standard method may be used. We often use bichloride (1-1000) followed by alcohol poured over the hands by a helper. The assistant's gown goes on first. The nurse may tie this in back, since her hands are not at this time sterile; the surgeon, with sterile hands, ties the gown at the wrists.

When the patient is anæsthetized, or, in some cases, even before this time, the preparation of the abdomen begins. The nurse cuts the bandages and hands the operator a basin containing pledgets of gauze. The abdomen is then scrubbed, but it is well to use but very little water for this purpose, otherwise the patient lies in a slop during the operation. The bulk of the soap is removed with a sterile towel and the rest washed off with water. Then comes the ether, alcohol, and, finally, the abdomen is covered with a number of dressings soaked in bichloride. The operator washes his hands again in alcohol. The nurse scrubs her hands for the last time and goes through the solutions while the operator and his assistant place the sheets and towels about the patient. Finally, the nurse, with the assistance of the surgeon, puts on her gown and gloves. She then, for the first time, counts her sponges. The responsibility resting entirely upon the nurse, great precision in counting is, of course, required; far more so, if anything, than at the hospital. The surgeon or his assistant has arranged the instruments and the operation begins.

The nurse's duties during operation are principally to handle sponges and to supply ligature material. If she is accustomed to the surgeon's work, she may, by noting the different steps of the operation, be in constant readiness for him, and a good nurse will rarely be behind with sponges and suture material. In regard to the sponges, it is necessary that no sponges be allowed to be thrown on the floor, but all should come back to the basin that has been arranged for their disposal. We allow no small sponges in the field except on sponge holders; a forceps is attached by the nurse to the tape of each large one as it leaves her hand. If a nurse is in doubt in regard to the suture or needles needed, she should have no hesitation in asking. When the abdomen is about to be closed, she should count her sponges, and this should be done deliberately and several times in order that there be absolutely no question. It should be particularly noted that the peritoneum is entirely closed when the last count is made. A number of accidents have occurred because an already counted and fresh sponge has been used at this stage.

During the closure of the abdomen she will need considerable suture material and usually a different type of needle is used. It is annoying to the surgeon to get suture material threaded to needles unsuited to the fascia and skin.

Custom varies as to the dressing of the wound. We place three or four layers of gauze on the wound and seal the edges with collodion. Over this are placed dressings and an abdominal pad and adhesive straps. The latter are best cut in the middle, the ends folded back and then tied together with tapes. Over the dressings we put a many-tailed bandage.

While the wound is being sutured, the nurse tells the friends to prepare the bed with hot water bottles. During the operation the bed, of course, has been freshly made up and ready for the patient. The patient is then carried to the bed and wrapped with blankets, a basin and towel placed near the head in case of vomiting. The nurse takes the pulse and respiration, notes them on the chart and then sees at once that the instruments are taken care of. Unless instructed to the contrary, the nurse puts the specimen in a 4 per cent. solution of formaldehyde and returns it with the kit. The soiled towels, if there is time, are wrung out of cold water and dried, and the kit packed in an orderly manner, ready for shipment.

VISITING NURSING AS A PART OF THE TRAINING-SCHOOL CURRICULUM *

BY MARGARET A. BEWLEY, R.N.

Graduate of the Presbyterian Hospital Training School for Nurses,
New York City

THE Visiting Nursing Department of the Presbyterian Hospital in the city of New York was established over four years ago by a graduate nurse, who has the direction and supervision of the student nurses and their work in the homes.

Beginning with one student nurse under the graduate instructor, the staff was gradually increased to four student nurses,—three for the medical and surgical nursing and the fourth for the tuberculosis work.

After six months' trial the student nurses were found inadequate for the tuberculosis work because of their inexperience, and the frequent

* Read at the Eleventh Annual Convention of the Nurses' Associated Alumnae, San Francisco, May, 1908.

changes necessitated by their course in the school, and a graduate nurse was engaged in December, 1905, for this branch of the work.

From the very beginning "social work" was done by the instructor, among the patients in the hospital wards, and in the dispensary, and it increased to such an extent that a second graduate nurse was engaged in May, 1907, for this particular work and for the extra clerical work in the office.

Standing as we do among the first of the hospitals to offer the training in visiting nursing to the student nurse, but with no precedent as a guide in framing the technic of training, it was thought best to begin in a very small way, making it possible for each new puzzling situation to work itself out in a logical way and build up a practical working basis, evolved from the varying needs of the people, for whom, and the conditions under which, the work is carried on.

The wisdom of this method has been proved by the steady increase of the work, the educational value to the nurse, and its usefulness to the patient, the hospital and the dispensary.

The course being elective gives us the advantage of the students who declare themselves interested in this particular branch of nursing, and the majority have shown strong qualifications and special adaptability for the work.

The term of service is two months and the students are sent out during their senior year in the school.¹

The special uniform, consisting of a dark blue gingham dress, and Cambridge gray cloth coat and hat, is supplied by the department, and each student is held responsible for what she has in use during her service.

A bag is provided for each nurse, completely equipped with the instruments, dressings and medicines that are necessary to use in the general nursing of a patient, or for the care of surgical cases, and every night before going off duty this is put in order, ready for any emergency, and the visiting list is made out for the following day. Each nurse has a special district assigned to her, also a part of the office work,—keeping of records, etc.

Daily reports of all cases are written by the nurses and posted in their respective places for the different doctors, and when the doctor is visiting the patient at home, complete bedside notes are kept there for him.

¹ Hours of duty, 8 A.M. to 5 P.M., with one hour for luncheon. In summer, work begins at 7 A.M. with two hours at mid-day. Time is given for classes and lectures, one afternoon a week, and every third Sunday, all day.

From the patients who can pay, a fee of ten to twenty-five cents per visit is asked; some are able to pay more and gladly do so. These small amounts seldom pay for the supplies used; they are converted into what is called the Patients' Fund, and are disbursed again for flowers, fruit or suitable food for the very sick or destitute. Immediate relief is given in all destitute cases,—food, fuel, and clothing,—and milk and eggs to incipient tuberculosis cases.

There is also a loan closet supplied with linen, rubber goods, hot water bags, ice-caps, fountain syringes, and various appliances for nursing special cases in their homes, which are loaned to those too poor to buy them. These articles are returned and disinfected before being used for other patients.

Several of the physicians and surgeons who have clinics in the dispensary, through interest in special patients cared for by the visiting nurses, have come to realize the necessity that sometimes arises for a doctor's visit in the home where the patient is in no condition to come to the dispensary, and the family cannot afford to call a doctor. These men have volunteered to make occasional gratuitous visits, not only on their own patients, but on others under the care of this department, for whom it would otherwise be difficult to obtain proper medical advice. This makes the nursing work of much greater value.

The objects of the department are three-fold, for educational, not philanthropic purposes.

First. Educational for the student nurses.

Second. Coöperation with the hospital and dispensary work.

Third. Benefit to the patients from both the nursing and educational work in the homes.

First. The educational advantages to the nurse are invaluable. In the hospital where modern appliances and supplies are abundant, there is very little scope for originality; in the homes where there is practically nothing, she must of necessity improvise and economize and this is generally done with good results. Going into the homes of the destitute people and seeing and knowing them as they really are, teaches her adaptability and resourcefulness and develops the humanitarian instincts.

To a great extent she is thrown on her own responsibility, and must adapt herself to the home conditions of each family; to face exigencies met with in private nursing, and she is expected to use her own head in all emergencies, instead of appealing to someone in authority. She learns also to think of each patient as an individual as well as a case of illness, for under care at home his progress is often dependent on the financial and social condition of the family. The nurse is called upon

to keep all this in mind and frequently to make decisions in cases to be reported to the instructor, for immediate relief, medical advice, removal to hospitals, etc.

There is, undoubtedly, a stimulating effect on the mind, in doing a work so different from the routine work of the hospital, and which, naturally, develops economy, ingenuity, adaptability, sympathy, self-reliance and resourcefulness, and fits her much better for future work when the hospital course is finished.

Second. Coöperation with the hospital and dispensary work. In regard to both it may be justly said that, aside from the great life-saving factor in the work of the wards, no department has done more to bring needed relief and comfort to the unfortunate members of the community, who are unable to afford the bare necessities, to say nothing of the luxuries of an illness or convalescence at home, than this department.

Its usefulness has been many-sided. To the hospital proper it has made it possible to treat many more cases in the wards, for now patients can be discharged earlier than formerly, the subsequent minor surgical dressings and medical care being carried out in the patients' homes. It has incidentally done much to assure the community, from which the hospital draws its patients, that those concerned with its affairs are interested enough in their patients' subsequent welfare, to follow them a sufficient time after leaving the hospital, to insure their actual restoration to health, and that "discharged cured" of the old days means vastly more to the patients now, than it did before this work came into existence, when it often meant little more than "discharged alive," for nobody ever knew whether they were really cured or not, unless a patient happened to return to report.

Probably the greatest scope of this work has been found among the dispensary class of patients, for by far the larger number of people nursed in their homes have been from that service. Many of these patients have been brought back to proper condition solely by the present ability of the physicians and surgeons to have home conditions improved, so that a cure is made possible.

To those unfamiliar with the method of this work, it would be of interest to know just how this is accomplished.

A patient applies to one of the various departments of the dispensary for treatment. After a thorough history of the case is taken, a physical examination made, and the diagnosis arrived at, the patient is ordered certain medicines or not, as the case may be, and told what must be done in order to get well. Very often these instructions mean very

little to the patients, unless someone can show them how—sometimes they would be entirely unable to carry out certain procedures necessary. The physician in charge leaves written instructions for the nurse of just what is needed. The case is then visited by a member of the visiting nurses' staff, and either the instructions of the doctor are explained in detail with a demonstration to the patient, or the nurse carries out the instructions, if they are too complicated for the patient to follow alone. A report of the patient's condition and progress is then filed at the dispensary for the doctor to see, and in this way the case is helped and watched from day to day, changes made when necessary, and the patient ordered to report when needful. So, too, it can be seen that by this system many cases can be brought back to good condition, without which it would often be necessary to send a patient to the hospital, frequently a very difficult thing to manage, when, for example, that patient is a mother of a large family with small children, whom it is almost impossible to leave, with the subsequent disorganization of the household. In the days before this plan came into use, many such a case would go along from bad to worse, and finally be compelled to enter the hospital wards, with resulting great loss of time, general inconvenience and family upset; for these people seldom have anyone to whom they can turn to manage their households when in the hospital, and must rely on neighbors or children's homes to look after their affairs and children until able to do so again themselves.

Third. The benefit to the patient. The work of the visiting nurse is in the broadest sense a work of prevention and education, and the benefit to the patient and the family is sometimes great.

Frequently, on the first visit, the home is found in such a state of filth and disorder that it is almost impossible to do much nursing work, but by friendly and tactful instruction, the nurse is able to impress on the mother the rudiments of ordinary cleanliness and their bearing on the health of her family, the result in some cases being so marked that by the time a patient has recovered, the nurse herself can hardly recognize his surroundings, and through her nursing work in the home she has found opportunities of teaching the mother to care for, and take simple precautionary measures against future cases of illness.

The time spent in each household varies with the requirements of the case. The visits are long enough to do for each patient all that is necessary for his comfort and well-being as thoroughly as would be done for him by any competent trained nurse in the wards of the hospital, or in the homes of the people who are able to employ a trained nurse. We aim not to make the number of calls in a day of the greatest

importance, but rather to do thoroughly for each patient all that is required.

The greatest benefits of this system to the patients are the teaching of proper methods of living, cooking, care and feeding of children, general hygiene of the home, and the enormous advantages to the community derived from teaching cleanliness and proper care of themselves.

There is a broad field opening for the visiting nurse, and the demand for the right women is far in excess of the supply. If the visiting nurse associations and settlements are unable to secure a sufficient number of high grade nurses to carry on their work, it is time for the schools to come to their aid,—add to their curricula that instruction which will tend to direct the minds and interests of their students to this particular branch of nursing, and prepare them not only to accept the opportunity of visiting nursing, but to seek it.

During these four years, seventy nurses have had this two months' experience,—an average now of twenty a year. Eighteen of our graduates are now engaged in visiting nursing work,—fourteen in New York City and four in different parts of the country.

DAYS ON A FARM

By ANNIE DAMER, R.N.

Graduate of the Bellevue Training School for Nurses

Respectfully dedicated to the nurses who are contemplating the purchase of farms.

WE, too, like the ladies of Cranford, had a strong desire to escape from the city, live on a farm, settle down, and enjoy the simple life. So we resigned our position in the big hospital, packed up our earthly possessions, and went forth to rediscover life from the viewpoint of a farm-house window.

There were a few long restful days at first, when we sat on the hillside, under the big pine tree, rejoicing in our escape from city noises and city crowds, blissfully ignorant of the delinquencies of the hired man, whose apples were still unpicked, and potatoes still in the ground, while winter was advancing with rapid strides. We may grow healthy and happy, and we may grow wise, in the country, sitting under a tree, but the work in the country somehow does not get done that way. So we sent to Washington and the State Agricultural College for bulletins of all sorts on farm subjects: "Soils and Trees," "Farm Animals," "Profits in Poultry," "Spraying for San José Scale," "Well-balanced

Rations," etc. We subscribed for all the alluring farm magazines with fascinating articles on the marvellous attainments of certain hens, fifty of whom would soon be defraying all the expenses of the place from the products of their industry. If we raised, in addition, a few Belgian hares or Angora cats, in any shed or old dry-goods box on the place, and sold them on some prominent street corner in New York, our fortunes would soon be made.

All through the long winter evenings we industriously studied farm books as eagerly as any probationer thirsting for knowledge pours over Gray's Anatomy. We compared all the brilliantly colored seed catalogues, selecting the biggest tomatoes and greenest peas, while we dreamed at night of the cool luscious melons and crisp radishes which would be ours when the summer should come, commiserating our poor sister nurses obliged to eat theirs dry and wilted from a city store. We should like to say, however, that buying from a green-grocer in the city is much easier than stooping over a garden bed for an hour or two, weeding and gathering the aforementioned crispness.

All day long we walked about the farm. We shut gates and barn doors which the man left open, we picked up the tools he scattered abroad, swept snow from the walks, and cooked mash for the hens, thawed out frozen water pipes, churned butter, cleaned up the barn, sprayed trees, and carried water from the pond, in order that we might wash ourselves. Truly industry, patience, and perseverance, as one has said, "are inherent in the atmosphere of country life."

When we want anything that the village store does not supply we drive over to a small town, ten miles away. All the warm shawls and veils are brought out, soapstones for our feet are heated and wrapped in carpet, the harness is warmed by the kitchen fire, while the horses have an extra grooming and an early dinner, and the hired man dons his celluloid collar and most rakish hat, as the family is driving to town.

One cold day in February, with the thermometer at zero and the snow piled up in drifts along the stone walls, we started off to do our trading and to enjoy the unusual treat of a long sleigh-ride in the country. The trip over was uneventful; the snow lay deep in places, clear and white and still on the fields, here and there was a lonely farm house, with occasionally a farm dog coming out to bark a welcome, but few people were seen.

The night promised to be cold, and there would be no moon, so we hurried through our purchases and the hardware man kindly reheated our soapstones, but when we were ready, the hired man could not be found. The sights and sounds and companionship of the town had

lured him, just as they attract all of us, and it was dusk when he was found and dragged reluctantly away from the barber shop's convivial surroundings.

An hour later we were struggling through a heavy snow drift; suddenly there was a crashing, snapping sound, and our pole broke. We were over a mile from a house,—two city women, a young boy from southern Virginia, and a man unable to help us. The snow was above our waists when we stepped out, our pole was broken, and there was nothing to mend it with except a new snow shovel and a stout rope. To dig ourselves out was impossible, so it was decided to send the male element home on horseback for another sleigh, while we remained with the wreck until they should return.

It was then seven o'clock. We wrapped ourselves in the robes, enjoying the novelty of the situation, though hungry and growing cold. All that was lacking to complete a most thrilling experience was a few howling wolves.

Time went on, the night grew colder and darker, and we grew hungrier and less cheerful. Finally a light was seen on a hilltop and a cry heard: "Keep up your courage, I am bringing some coffee." The light came nearer, and with it a boy in a sleigh, holding out, not the coffee, but the top of a glass jar; the remainder of the jar and the coffee had been lost on the way.

We transferred the robes, the groceries and other purchases, and finally ourselves to the little sleigh, while our knight-errant, who could not be accommodated, mounted the horse, taking the bridle in one hand and the lighted lantern in the other.

We were still three miles from home, the way led past an old deserted church and graveyard on the slope of a steep hill, reminding us of Sleepy Hollow, not far away. Suddenly it seemed as if Ichabod Crane's pumpkin had rolled in our way, as we struck a large stone, overturned, and tumbled precipitately into a snow bank, while the groceries and hardware followed, sinking deeper and deeper as we rolled down the hill. The boy on the horse waved his lantern frantically while we struggled to our feet and tried to readjust our outfit.

After a few similar experiences, the rather weird procession reached home at ten o'clock, the whole family agreeing with Clarence, one of our boys, that "Miss McIsaac is n't in it with us."

A NEW TRAINING SCHOOL FOR NURSES

By SARAH B. TYSON

EVERY year we are becoming more dependent upon nurses trained to take care of the sick. The question which is being agitated all over this country is: How shall we train our nurses? Shall they be given a course of two years or three years? Shall they be required to have state registration? Shall they be paid for their services, or be asked, in return for the training which they receive, a tuition fee from the school?

The fashion of becoming a trained nurse is a thing of the past, and the young women who are going into nursing in the present day do so for one, sometimes for two, reasons, either of necessity or because they feel they want an occupation. There are still a few women, I am happy to say, who take up nursing because they feel that they can do more good in the world in this than in any other way. They feel, as did Florence Nightingale, that "it is one of the Fine Arts, I had almost said, the finest of the Fine Arts."

We wish we could persuade some of the thousands of girls who are taking up the study of art and music, and who never will accomplish anything worth the while in that line, that nursing is an art, and that with the same amount of time spent in preparation, they can fit themselves for a life of usefulness—a life where their earnest endeavor will count much more than if they devote themselves to art or music.

Then, too, the commercial pursuits take many of our young girls, as stenographers, typewriters, bookkeepers, clerks, librarians, telephone operators, etc. In these days many more occupations are open to women than formerly.

In taking up the profession of nursing, there have been several drawbacks, many of which, I think, can be overcome. First and foremost, there has not been sufficient pains taken in our hospitals for the comfort and well-being of our nurses. The hours are too long, the distances which a nurse has to travel over too great, there is not enough recreation and pleasure planned for the nurses, their food is apt to be poor, and their quarters far from comfortable.

In starting the new training school of the Children's Memorial Hospital in Chicago, we are trying to improve the conditions for the nurses. The first step, and perhaps the most important, is to separate, to a certain extent, the theoretical work from the practical.

After a nurse has had two months of probation in the hospital, she



CRISIDE OR BABIES' PAVILION

classes, bandaging, massage, plaster work, diseases of the eye, ear and throat, infectious diseases, skin diseases, emergencies, nervous diseases, care of convalescents and kindergarten classes will all be taken up in their turn.

In the year of adult work at the Presbyterian Hospital, nurses will have practice in private work which they will not get at present in the Children's Hospital, and will also have maternity work, filling out the general training which our nurses should have if they desire to be able to acquire state registration.

What has the agitation in the country accomplished in regard to state registration? Personally, I feel the most important step which has been gained by it is to put more of the graduates of the different schools and states on an equal footing.

It is not right that a woman graduating from a hospital of from twelve to twenty patients, where she has spent perhaps a year or two years, should have an equal standard and salary with that of a woman who has graduated from a hospital with a capacity of from one hundred to one hundred and fifty beds, where her class work has been much more assiduous, and where she has spent at least three years. We should all do what we can to make nursing one of the noblest of women's professions. Our nurses should be treated like human beings, not like machines. Our discipline need not be lax, but there should be a spirit of helpfulness and cheerfulness, they should not feel that it is three years of drudgery and overwork. Why should there not be the same atmosphere in the nurses' home that there is in many of our girls' boarding schools and why should our nurses not look back on the years spent in training as three of the most profitable, and pleasant of their lives?

Much depends on the spirit in which a girl takes up her training, and much, too, depends upon the spirit of her principal and superior nurse. Let me repeat, that nursing should be a vocation, not an avocation. A girl should nurse because she loves it and not because she feels she must do something to earn her livelihood.

If, under these conditions, we can carry on our school, it will be successful, and as we now have gone to the eastern cities, Philadelphia, New York and Boston, for the principal of our training school and for head nurses trained especially for children, in turn from our school will emanate many fine women who will scatter over our country as superintendents, principals of training schools and head nurses for other hospitals, and private nurses for many homes.



MAURICE PORTER MEMORIAL. SOUTH EXPOSURE, SHOWING SUN PORCHES

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

(Continued from page 768)

If the two who are doing light housekeeping are meat-lovers, there will necessarily be some deprivations. Roasts are usually out of the question, as we cannot afford many left-overs, with only two to eat them up. When the soul longs for a slice of juicy roast beef, the best thing to do is to go out to a good restaurant or get invited to dinner where the housekeeping is on a larger scale.

We are hearing on all sides that we eat too much meat, and certainly in the summer we can dispense with roasts and stews to a great extent and be none the less happy and healthy, but when the meat hunger comes upon you, try some lamb chops which, this time of year, should be young and tender.

Lamb Chops. Get small rib or loin chops, and see that the butcher gives them to you. He likes, when it is convenient, to cut rib chops from the shoulder and loin chops from the leg. Trim off any superfluous fat, wipe the chop with a cloth wrung out of cold water. The broiling burner of the gas range should be lighted at least five minutes before the chops are put in, so that they may begin to cook at once. Lay the chops on the broiler, directly under the flame, turn frequently until both sides are nicely browned, then place a little farther from the flame and cook a few minutes longer. Chops should cook in eight or ten minutes. When done, sprinkle with salt.

If you have no broiling apparatus, chops can be nicely broiled in a pan on top of the stove. Have the pan very hot before putting in the chops. Turn them often until nicely browned, then cook more slowly until done. Pour off the grease as it collects in the pan, so that the chops may broil, not fry. Carefully managed, these chops are nearly as good as those genuinely broiled. They can be cooked nicely in a chafing dish, removing, of course, the hot water pan.

Salmon Soufflé. One-half cup milk, one tablespoon butter, one tablespoon flour, one-quarter teaspoon salt, few grains of pepper, one tablespoon soft, stale bread crumbs, one-half cup canned salmon, one egg. Melt butter, add flour and cook together, without browning, three minutes; add milk and bring to boiling point, making a smooth, creamy mixture. Add seasonings, bread crumbs and fish, which has been finely flaked with a fork. Stir in the yolk of the egg, thoroughly beaten, then

cut and fold in the stiffly beaten white. Put in a buttered baking dish and bake thirty-five minutes in a slow oven. Any cold cooked fish or finely chopped cold meat may be substituted for the salmon. Chicken is especially good.

Cheese is one of our good meat substitutes, so far as nutriment goes, and when properly cooked it is digestible for most people in health. Like all proteid foods, it must be cooked at a low temperature. It must also be remembered that it is concentrated food and should not be eaten in excess nor after we have had plenty of other things to eat.

Cheese Fondue. One-half cup scalded milk, one-half cup soft, stale bread crumbs, two ounces mild cheese cut in small pieces, one-half tablespoon butter, one-quarter teaspoon salt, yolk of one egg, white of one egg. Mix the first five ingredients, add the yolk of the egg which has been beaten until lemon-colored, then cut and fold in the stiffly beaten white. Turn into a buttered baking dish and bake in a slow oven until firm, about twenty minutes.

In the absence of an oven, both the salmon soufflé and the cheese fondue may be cooked over hot water. In this case they should be covered until done.

String Beans. Be sure that the beans are fresh and young. No amount of cooking will make old, coarse, wilted bean pods palatable. Wash the beans, break off the ends, removing the strings with them. Cut or break the beans into half-inch pieces, put them into plenty of boiling water and cook until perfectly tender. It will take from an hour to an hour and a half. About ten minutes before they are done, add salt. Do not drain them, but let the water evaporate. Just before serving, add butter, one tablespoon to a quart of beans.

If you have some beans left, they will make a good salad, served with French, cooked, or mayonnaise dressing. A bit of onion or sweet red pepper may be added. Or the second serving may be with a white sauce, for which you will need one-half cup of milk or cream, one tablespoon each of butter and flour, one-quarter teaspoon of salt and a few grains of pepper. Combine, and cook the butter, flour and milk exactly as in the salmon soufflé, and add the salt and pepper. Stir in the beans and heat them carefully, so that they may not scorch.

Summer Squash. The squash should be so young and tender that the finger-nail will easily cut the rind. Wash the vegetable and cut it in half-inch slices. Put it in a sauce-pan over an asbestos plate, with just a few spoonfuls of water in the pan to keep the squash from sticking. Cover, and cook in its own juices until tender. Season with salt, pepper and butter.

Peaches and melons are coming in, and may well be substituted, while they last, for desserts. Muskmelons should be firm except for a small circle opposite the stem end, which should feel tender when pressed with the thumb. Have them moderately cold, if possible, when eaten. Cut them in two, remove the seeds and sprinkle with salt.

If peaches eaten out of hand do not appeal to you, pare them, cut in halves, sprinkle with powdered sugar and pour cream over them.

Don't worry in the summer mornings if you have no appetite for breakfast. Try some thin slices of bread and butter, a bit of fruit, with a cup of coffee if you like, and leave the appetite to work up for the noonday meal. Be sure you really *taste* what you eat, and don't have too many kinds of things at once. We need variety from day to day, but we do not need many sorts of food in one meal.



THE HYGIENE OF MEDICAL CASES, PARTICULARLY IN HOSPITAL WARDS.—The *American Journal of the Medical Sciences* says of this important subject: Edsall believes that infection is communicated in hospital wards much more frequently than is usually suspected, and in medical more frequently than in surgical wards. The ordinary regulations are inadequate in two ways; (1) they consider only a few of the infections, (2) they cover only a portion of the means of conveyance. Isolation of cases is a very incomplete solution, for it can be applied to very few diseases. Infection of the food, and especially of the milk, when the milk is not pasteurized, is a matter requiring serious attention. The milk when received at the ward should be under the care of a particular nurse and protected from infection. The rest of the food within the ward must also be protected from infection. The nurses and doctors may transmit disease from one patient to another. The patient's mouth must be kept free from infection, hence it should frequently be swabbed out with cotton and a suitable solution. Ward utensils must be frequently boiled, and orderlies must be eliminated from the care of patients as much as possible. Both nurses and patients should be protected from infecting themselves or others.

LESSONS IN DIETETICS

By MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Ill.

(Continued from page 772)

DIGESTIBILITY OF MILK

It might be supposed that milk, being a fluid, would only remain a short time in the stomach, and rapidly pass on into the intestine. But we have seen that milk is a fluid only outside the body; when it enters the stomach it sets into a solid clot, owing to the action upon it of rennin. The gastric juice is an acid fluid, and it is, at first sight, surprising that curdling does not take place rather than clotting. That this does not happen is no doubt to be attributed to the fact that the alkaline salts of the milk neutralize the acid first secreted by the stomach and give the rennin time to act before the mixture has attained an acid reaction at all.

After the clot of casein has formed in the stomach, it shrinks into a tough and leathery mass, which offers great resistance to the digestive efforts of the organ. Were the milk merely curdled, the particles of precipitated casein could be dissolved with comparative ease. This is one of the reasons why buttermilk and koumiss are often found to be more "digestible" than milk. It has been found that the density of the clot which milk forms in the stomach depends, on the one hand, upon the amount of casein and lime salts it contains and, on the other hand, upon the degree of acidity of the gastric juice. By reducing the proportion of these factors, the clotting of the milk can either be prevented altogether or made to take place in such a way that the clot is not of great toughness and density. Mere dilution with water lessens the proportion of lime salts and casein and will increase its digestibility. Also, lime water and barley water are used, as diluents, advantageously. Mere dilution tends to reduce the acidity of the gastric contents, and so helps to prevent retraction of the clot.

Boiled milk, although it clots more slowly and gives a less dense clot than raw milk, outside the body, must not be supposed to act differently in the stomach than the raw milk. This is a common fallacy.

The exact time that milk remains in the stomach, under ordinary circumstances, has been determined by causing a healthy man to drink

a definite quantity of milk, and then washing out the stomach at short intervals. In this way it has been found that a glass of milk has entirely left the stomach about two hours after it was swallowed, whilst a pint of milk is disposed of in about three and a half hours.

ABSORPTION OF MILK

After leaving the stomach, the digestion of milk is completed by the pancreatic juice. This juice acts very powerfully on milk, more so than the gastric juice, and therefore milk rarely escapes digestion.

Even under favorable conditions, only 90 per cent. of the available potential energy contained in milk ever reaches the blood. The rest escapes from the body as unabsorbed waste.

It is a remarkable fact that milk is much better absorbed by young children than by adults. In the case of babies, the absorption is more complete, the difference being to a large extent due to a more complete absorption of the mineral constituents, the reason for which is the greater demand for lime salts in the infant.

NUTRITIVE VALUE OF MILK

It is frequently said that milk is a perfect food. Now this is a high claim and can only be justified in the case of any food if it fulfills all of the following conditions:

1. It must contain all the nutritive constituents required by the body; proteids, fats, carbohydrates, mineral matter and water.
2. It must contain these in their proper relative proportions.
3. It must contain the total amount of nourishment required daily in a moderate compass.
4. The nutritive elements must be capable of easy absorption and yet leave a certain bulk of unabsorbed matter to act as intestinal ballast.
5. It must be obtainable at a moderate cost.

Milk only conforms to the first of the conditions above laid down. As an article of diet in disease, milk occupies a unique position. No single food is of so much value. The drawbacks to its exclusive use in health are, in sickness, of no account, or are even converted into advantages.

Among the normal symptoms exhibited by a patient on exclusive milk diet are a certain amount of drowsiness and the passage of a large quantity of urine of a pale greenish color, which gives no brownish-red ring on the addition of HNO_3 . The tongue is covered with a white fur and there is often a sweetish taste in the mouth. A moderate degree of constipation is a good sign, orange colored stools being passed at intervals

of two or three days. If this symptom becomes too pronounced, a little coffee or caramel may be added to the morning's milk, or a little stewed fruit may be taken once a day. Diarrhœa is due to the use of a too rich milk.

(*To be continued.*)

THE DAY OF THE DOG

By FELIX J. KOCH

It was on the shore at Gibraltar that we met him, one splendid June morning. Hot, sweltering,—even the Moors from Tangiers were complaining.

He was an English dog, property probably of some officer's wife at the citadel on the hill. He had wandered away from Tommy Atkins, however, to mingle with the common herd on His Majesty's highway.

But, doggy had a headache and so they had fixed him up. Splendid piece of nursing, is n't it? Notice the care with which the bandage is bound about the head.

One sees these dog bandages often in the hot countries, sometimes as a preventive rather than cure, to keep the torrid sunbeams from the dog's head.



NOTES ON IMMUNITY TO DISEASE.—*The New York Medical Journal*, quoting from *The Scottish Medical and Surgical Journal*, says: Harvey and McKendrick review our vaccinothrapy. The applications are numerous. Some have been more successful than others. A tubercle vaccine—Koch's tuberculin—has been used for the cure of lupus, tuberculous glands, tuberculous sinuses, and genito-urinary tuberculosis. It has been also used in early cases of phthisis. A staphylococcus vaccine has been used for boils, acne vulgaris, sycosis, malignant endocarditis, certain cases of pyæmia, and other such affections due to this organism. A bacillus coli vaccine is useful in some cases of appendicitis, cystitis, and cholecystitis. It is quite possible that an efficient gonorrhœal vaccine may be found which will be useful in chronic cases. We may hope for a dysentery vaccine, Malta fever vaccine, and pneumococcus vaccine.



AT GIBRALTAR

NURSING IN MISSION STATIONS



WE give in full a report which has been sent us from Turkey.

REPORT OF THE ESSERY MEMORIAL ORPHANAGE, MONASTIR, TURKEY IN EUROPE

To the friends of children, who are scattered abroad, greeting!

I take it that the year permitted me to spend in the Essery Orphanage was given in fulfillment of the promise: "Neither have entered into the heart of man the things which God hath prepared for them that love Him." Although you, dear friends, may never have the personal care of these children, I hope many of you may share the blessings their prayers bring to "those far away" who care for them.

The Essery Memorial Orphanage was named for the late Rev. W. A. Essery, Honorary Secretary of the Bible Lands Missions' Aid Society of London, which gave the funds for the purchase of the building. It was opened by the Rev. L. Bond, formerly of Monastir, to meet the exigencies following the uprising of 1903, when the distributors of relief to burned villages found many children left without their natural protectors. In speaking of their flight and hiding one said: "It never rained all the four months we were in the mountains, and besides that God kept the bears away. For whoever heard of people being so long in the mountains without meeting bears or wolves?"

We have about thirty children. Let me make you acquainted with a few of them in particular, and then with all in general.

Sandry (Alexander), then a four-year-old child bereft of both parents, was sleeping around from house to house in his village when Rev. E. B. Haskell found him over four years ago. He could talk but little owing to his deafness caused by a fall into an icy stream of water. Gradually his mind is developing. He can add sums very well but must ever learn anew how to subtract. One day I found him soundly pomelling a boy, "Because he called me 'dummy'!" None of us were aware that Sandry did not know how to pray till he confided in one of the girls and begged her to teach him, saying that although every night he assumed the attitude of prayer, as the other boys do, he said no words. Not long after this he was heard to pray: "Oh Lord, forgive my sins and help me to talk more clearly." When a reward of a piaster (four

cents) was offered to each child who finished his stint of knitting before Christmas, Sandry invested one-fourth of his capital in the prettiest picture post-card which he could find with great painstaking. It proved to be for an old beggar man, "Because I pity the poor."

Of course our Christmas celebration was a great event. Well-to-do children never could be so nearly crazy with joy over making colored paper chains, popcorn strings and festoons of ivy as these children were. Rev. W. P. Clarke has been like a father to this orphanage for the past four years, sparing neither his time nor money for its welfare. From the walls of his house the children gathered ivy till no more could be reached even with the ladder.

The teachers and girls of the American Girls' Boarding School (mission) sent over two fine geese bought with money saved by going without desserts. Joy and excitement had been running higher and higher for a week, but they reached their climax about dusk of the great day. It was decided that the children themselves decorate the tree, and Mrs. W. P. Clarke loaned a box of ornaments. When that box was opened and those tinsels, shining balls, silver stars and pictured angels appeared to view emotion overswept the bonds of verbal expression. The children just hopped up and down and y-e-l-l-e-d,—Sandry the loudest of all. It was worth a year of life to be present at that moment.

But alas, it is not always sunshine here. Of late we were shocked to discover that seventeen of the children had a very dangerous and contagious disease of the eyelids. The doctor said that the granules on the lids would harden, in time, and produce blindness unless cured, and that five of the children would need operations. This was trouble indeed! Peasant children are none too accustomed to self-control, but it was made a point of prayer and honor with them now. Dear Dosta prayed: "May we behave like children from a Christian family." For an hour that child lay on the operating table and endured like a Spartan. After two of the girls had been operated on I took occasion to remark to Eli that as he was a *boy* of course I didn't know whether he could endure pain as the girls had. "Those girls were so brave and so quiet," I added. Quick as a flash the youngster replied: "Of course girls haven't the voices we have. Now when I lie down on that table I shall yell so all Monastir can hear!"

The doctor told some one afterwards that Lenie (Ellen) Ivanova took his strength for three operations. Weak and nervous from Bright's disease, she scarcely could bring herself to lie down on the table. Immediately she began to talk to her unseen Helper as if the rest of us had not been present. She reminded Him of His promises to help those in

trouble. It was a scene one could never forget. As the pain grew worse, and her power of endurance less, she was reminded to pray for strength to keep quiet and "not hinder Gospodin (Mr.) Doctor in his work." Twice the doctor himself (Orthodox Roumanian) bade her pray. When it was all over the child thanked him and begged his pardon for the trouble she had caused him.

We cannot go on indefinitely giving incidents. In this "Christian home," the children have been trained, have regularly studied the Bible, and have far higher standards of truth, honesty, and brotherliness than they possibly could have received in their own homes. Now what is to become of them and of the orphanage? A cloud of debt for running expenses hangs over us which the trustees deem a threatening Providence, and hint that it indicates—closure. Some of us think that it is only an indication to bestir ourselves. By Easter the debt will be 500 dollars (£100). The children's fare is very plain, more so than is compatible with vigorous health for all, we fear. Aside from the annual contribution of £50 (250 dollars) from the Bible Lands Missions' Aid Society the orphanage is supported entirely by money raised by private solicitation. This burden has fallen almost wholly on the members of Monastir Mission Station, in addition to all their other work. Last year one of the missionary ladies gave the forty dollars which she received in Christmas gifts from her personal friends to buy clothing for the children.

You may ask what we plan for the children's future. We hope that the Thessalonica Industrial School may eventually receive the boys and train them in trades and farming, along with some academic studies. Those of the girls who seem most promising we hope may take the course in the excellent mission girl's school of this city, and become teachers or Bible women. We aim to give all the girls a practical knowledge of housework and plain sewing. Then they at least are fitted for service in their own or other people's homes.

The greatest need of all here is for some strong woman to be permanent matron; a woman of skill in practical lines, who can train girls and nurse the sick. She should also be capable of introducing other industries besides the knitting now done. The village embroidery might be turned to account in articles which Europeans or Americans would buy, and lace making, basket weaving, etc., might be made to help support the children.

But what individual or society will be responsible for the support of such a matron, and when may we begin searching for her? Inquiries on this or any other matter connected with the orphanage may be made of Rev. W. P. Clarke, Monastir, European Turkey. If you yourself

are up to the eyes in benevolences can you not interest some friend who is only up to the neck?

Any money intended for the orphanage may be sent direct to Rev. Mr. Clarke, or to F. H. Wiggin, Esq., Treasurer of the American Board, 14 Beacon Street, Boston, Mass., with a request that it be credited Rev. W. P. Clarke for the Monastir Orphanage.

One day lately a little girl asked me: "Why don't our fathers rise from their graves and come back to us, if they are sorry for us because we are orphans?" We explained to the little maid that this isn't necessary because the great Father has enough of us left to care for her and the other orphans until they are able to care for themselves. Was I right?

MARY M. HASKELL,
Temporary Matron.



EGG POISONING.—*The Medical Record*, in a synopsis of a case reported in *The Lancet*, says: A. T. Schofield states that while egg poisoning is not rare he has been unable to find any record of cure. He reports the case of a boy of 13 years whose parents stated that he could not eat eggs in any form without poisonous symptoms. In the attacks there was first of all free secretion of saliva, the lips burned, the boy felt sick, itched, and was soon covered with an urticarial rash. He swelled all over, with puffy eyelids and lips, tight red swollen skin, and could hardly breathe from a sort of asthmatic condition. Raw egg would blister his skin. The author endeavored to remove this susceptibility and commenced his treatment by the constant administration of egg with a little calcium lactate added to stop the transudation. Pills were made containing two grains of the calcium salt and one ten-thousandth part of a raw egg. No eggs were permitted in his food and he was not allowed to know there was any egg in the pills. The egg proportion was gradually increased until in the course of six months he was able to consume an egg daily in his food, the pills being discontinued. The author says that some may think a great deal of trouble was taken to cure this idiosyncrasy, but when we remember that it was not connected with some rare food such as pineapple, which could easily be avoided, but with an article that enters into nearly all a schoolboy eats, and that his life had been more than once in danger from such food, it will be seen that the trouble taken was amply justified.

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE GOSPEL OF TOP MILK.—In the section on Diseases of Children at the meeting of the American Medical Association, Dr. A. Jacobi, of New York, presented this subject, in which he reviewed the process of intestinal digestion and summarized his remarks as follows: 1. Artificial feeding was never equivalent to mother's milk. 2. The alleged improvement in artificial feeding was overestimated. 3. Between mother's and cow's milk there were many differences. 4. Good results were obtained by a reduction of the fat to 2 per cent. 5. Feeding was more successfully managed by brains rather than mathematics. 6. Cane sugar was preferred to sugar of milk. 7. The cereal decoctions were increased when the baby showed a loss of weight. 8. Asses' milk was supplied when cow's and mother's milk produced unfavorable results in the child. 9. The gospel of top milk was a heresy.

THE USE OF SERUM IN SCARLET FEVER.—The *Medical Record*, in an abstract of a paper in the *British Medical Journal*, says: H. Cumpston describes the septic and toxic forms of the severer cases and his experience with a polyvalent serum. This was obtained from horses immunized against cultures of streptococci which have been isolated from various cases of scarlet fever. These streptococci have been found in some cases in the blood, in other cases in the suppurative lesions which complicate pure scarlet fever, such as ulcerated throat and middle-ear disease. No particular type of streptococcus was, therefore, exclusively employed, the object having been to obtain as many organisms from as many cases as possible, so as to include a variety of strains. Use of the serum in 37 cases gave 26 recoveries and 11 deaths. There was a marked and distinct improvement in the symptoms in all the cases which eventually recovered. In four of the cases 50 c.cm. were given intravenously. In one case rigor and high fever followed, but in general this method seemed to give better results than by subcutaneous use. There was no renal irritation noted. Urticarial rash appeared a few times. Cervical suppuration resulted in three cases. While the author is not

disposed to attach too much consequence to this single series of cases, he says that he was struck with the clinical course of many of the cases that recovered. Within forty-eight hours of the injection the temperature began to fall, became normal in another forty-eight hours, and remained normal, the cervical glands began to subside, the necrosis of the throat began to clear up, and the rhinorrhœa either ceased or lost its purulent character. Not all of the cases showed so satisfactory a course, but most did very much better than would have been expected in the ordinary way without serum injection. In one case the temperature reaction to the first dose of serum was marked, but the improvement was not sustained. It may be that there was a case of invasion by several types of streptococci, some of which the particular serum used did not affect. Observation of these 42 cases leaves the distinct impression that the injection of the "antiscarlatinal" serum in large enough doses (not less than 50 c.cm.) and early enough in the disease—that is, as soon as the onset of rhinorrhœa, swelling of cervical glands, and superadded rise of temperature, the signs of septic invasion, occurred—will produce a marked improvement in "septic" cases. In "toxic" cases little can be said in favor of the use of serum, but here some slight improvement was noticed in two cases.

FLUID DIET WITHOUT MILK IN TYPHOID.—The interesting papers on this subject by Dr. A. Seibert, Dr. C. J. Strong and Dr. Robert C. Kemp, are published in the *Medical Record*. Dr. Seibert outlines his treatment as follows:

1. If nausea were present on admission, the stomach was washed out. Then two doses of calomel, each containing two grains, were given within two hours.

2. Rectal irrigations with three pints of warm water were begun at once. In severe cases every three, in milder ones every six, and in mild cases every twelve hours. Bowel hemorrhage, appendicitis, and perforations were the only contraindications.

3. During the first day of treatment nothing but cold water was given.

4. From the second day on, one half pint of strained rice, oatmeal, or barley soup, containing the extract of half a pound of meat and the yolk of a fresh egg, well spiced, were given every three hours, five times daily. During the night cold water alone was offered.

5. During the first three days of treatment the patients were not urged to swallow all of their soup, but were persuaded to drink cold water every hour by day and by night. From the fourth day on, strained pea,

lentil, potato, and tomato soup with rice were added to the menu. The desire for more food, coming in uncomplicated cases not seldom on the fifth or sixth day, was met by giving the soups thickly made. The lower the fever and the more marked the hunger, the thicker the soup. To very hungry patients two or three zweibachs were given with their soup at the end of the first week. Orange juice was given in water three times daily. Egg albumin was not given, on account of the possibility of forming toxins.

6. Before each meal fifteen to twenty-five drops of hydrochloric acid were given in one half ounce of water.

Alcohol was given only to toppers. Cold baths were *never* employed, even in hyperpyrexia. Opium was used only in bowel hemorrhage.

During complicating pneumonia sixty to one hundred and twenty drops of 20 per cent. camphorated oil were injected hypodermatically, twice daily. No other medication was used.

He reports that the results of this plan of treatment were the following:

Nausea, headache, delirium, insomnia, tympanites, and diarrhoea disappeared in most cases after two to three days, and did not recur later on.

Dr. Seibert also urges cleansing the intestine by means of rectal injections.

Dr. Strong says the facility with which bacterial activity occurs in milk should long ago have given warning of the dangerous complications almost inevitable under the conditions present in typhoid and its continued use is, to his mind, simply another instance of the tremendous influence exerted by established usage in our profession.

Dr. Kemp says:

It may be of interest to you to learn that in the new Red Cross Hospital, a small but well-equipped institution with the present capacity of about fifty beds, the following routine treatment has been established for typhoid fever: Water *ad libitum*, rectal irrigations, *no milk*, strained soups and broths, dilute HCl, orange juice, no alcohol.

Camphorated oil, strychnine, digitalis, and caffeine are used only if indicated.

Whenever the temperature reaches 102.5°F. or over, *no food* is given, only water until defervescence below this point.

This method of diet has been employed for at least ten years. Sponging, or friction baths (Brand) are allowed, but have not been found to be necessary, when the above treatment has been carried out. The method employed by the Red Cross Hospital markedly corresponds to that originated by Seibert.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

ITEMS

MISS MARIE A. TRIPP, one of the American nurses in Paris, has opened a refined home for young girls who are studying in Paris and whose parents wish them to be well and carefully domiciled. It is No. 15 Rue Pétrarque.

THE last report of the Protestant Hospital under Dr. Hamilton's direction shows steady progress in every direction, and, highly interesting, Dr. Hamilton has established one of her nurses, Mlle. Ainary, as visiting nurse among the poor. The work was made possible by a gift from a grateful patient. So, in her eight years as superintendent, this distinguished woman has introduced modern skilled nursing into hospitals, into the army, and has started district nursing.

THREE graduates of the Bordeaux schools, Mesdemoiselles Chaumont, Labadie and Teyssière, have received appointments in the military hospital Val-de-Grâce. This is an important landmark in the triumphant progress of the "Nightingale System" in France. Out of 400 applications it is supposed that about forty have passed, and only six or eight appointments will be made in the near future. The Bordeaux schools have thus been signally recognized, in placing their nurses in the three first posts.

FIVE hundred nurses, says the *Woman's Journal*, walked in the great Woman's Parade of June 13, in their picturesque uniforms, under the Florence Nightingale banner. The women physicians were headed by Dr. Garrett Anderson, and had a banner with the goddess Hygeia; another bearing the word "Medicine" and the figure of a serpent. The London *Daily News* said: "Even the Cockney wags were moved to respect by the long files of medical women and university graduates, and at the sight of the banner with Miss Florence Nightingale's name upon it and the phalanx of trained nurses in its rear, there were many who bared their heads."

In speaking of this demonstration, *Nursing Notes*, which, like all English nursing journals, is progressive in its opinions, says:

Nurses and midwives, whose work ought to make them peculiarly sensitive to the true inner meaning of the present struggle, should be amongst the most earnest supporters of the woman's movement, and we feel convinced that so they will be when they have grasped its importance.

The gaining of voting power is merely a first step towards enabling women to give their best help in forwarding social, moral, and economic reforms, which without their coöperation may be disastrously delayed. The history of the Midwives' Act points this moral most strongly. The introduction of that Act was a reform especially, and most vitally, affecting women and children. Yet its fulfilment was postponed by our male legislators, placed in Parliament by male voters, year after year, in a way that would have been impossible had women had voting power behind them, instead of being able only to wield that "indirect influence," so revolting to the straight-forwardly minded, but which some persons consider to be more "feminine."

* * * * *

It is in order that women may use their political power for the furtherance of social improvements, more especially in connection with these special questions relating to the healthy upbringing and proper education of the children whose care is admittedly their particular sphere, that we claim for them the vote on the same terms as men.

* * * * *

It is most regrettable that in this matter of the recent demonstrations pressure should have been put upon nurses belonging to institutions and associations to prevent their taking part in the processions. This is an unjustifiable interference with their liberty of personal opinion and action, in a matter bearing in no way on their work, or on their relations with their employers, and is evidence of personal bias on the part of the authorities which is greatly to be deplored.

JUST too late for our July pages came the *Garde-Malade Hospitalière* with many interesting pieces of news. First and foremost, the inspiring announcement of the formation of a national council of hospital "Directrices," brings beaming smiles of joy to the faces of International Councillors. Especially gratifying is this news to all those who were in France last year. The president is Mlle. Luigi, the charming superintendent of the Civil and Military Hospital at Béziers with its training school, and the vice-president is Miss Elston, the conspicuously successful and able head of the Tondu Hospital in Bordeaux. Mlle. Nectoux, head of the Civil and Military Hospital at Albi, and Mlle. Siegrist, head of the maternity of the Department of the Gironde, two of the competent and lovely graduates of the Bordeaux schools, are treasurer and secretary. The Council was organized by Dr. Anna Hamilton, who is the honorary vice-president of the International

Council for France. All the members are superintendents of hospitals. We wish the Council all success.

THE fires of controversy are burning brightly in France, not only over "laicisation" but also over the pressure made by the Red Cross societies to place their volunteer and only partly trained workers in the military hospitals for short rotating services. Dr. Lande, who is one of the most "all-around" men in France, having an active share in many lines of men's activities and being also singularly intelligent as to women's work, has an admirable letter in the *June Garde-Malade Hospitalière* in which he shows clearly the difference between amateur efforts and trained care. He insists that Red Cross members who wish to nurse shall take a full course. Incidentally, he speaks of an interesting thing, namely, that, at his suggestion, the Association of Physicians of France undertakes to assist the widows and orphans of physicians who desire to enter the nursing profession, by making it financially possible for them to take the course, if such help is needed.

THE complimentary dinner to Miss Isla Stewart on the anniversary of her twenty-first year as a training-school superintendent was a glorious success. Mme. Alphen Salvador and M. André Mesureur came to it from Paris, and the latter presented Miss Stewart with a special medal from the *Assistance Publique* of Paris. Many bouquets were given her, and Mrs. Fenwick's speech in offering a toast to Miss Stewart as the honored guest, with her own reply to it, abounded in interesting reminiscence and anecdote. Miss Stewart's long and distinguished service to her profession, with her unswerving support of every progressive cause, however unpopular in the beginning, has been very remarkable and it is well that her friends do not wait to praise her in a later century.

THE Royal Sanitary Institute (England) has established an Examination for Women Health Visitors and Public School Nurses.

WE now feel as if we knew the nurses of far-away New Zealand, since their artistic and interesting journal lies on our table. Their state registration long since successfully under way, chiefly by the work of Mrs. Grace Neill, to whom they will ever be grateful, they regard as a means of perfecting and advancing their professional work. Organization is just beginning in New Zealand. It has been less needed in that enlightened country of universal man and woman suffrage. Now there is a Wellington Private Nurses' Association, planned to further the

interests and raise the efficiency of private nurses, secure a club-room and professional library, arrange lecture courses, establish a central directory and consider a sick benefit fund. A similar club has been started in Dunedin, and there is a Wellington District Nursing Association. We extend a cordial hand of fellowship to the New Zealand nurses, and hope to see some of them in London next summer.



OCCUPATION FOR THE INSANE.—In the *Journal of the American Medical Association* E. Cohn remarks on the value of occupation in the treatment of the insane, as well as on the difficulties in providing it, which are experienced even in well-managed institutions. He describes the method which has best served him in meeting the problem, the main feature of which is a regular systematized program for each hour of the patient's day, and including arrangements for physical exercises, graded calisthenics, ward work, mental occupation in the form of games, reading, etc., all directed according to the patient's capacity and changed daily as much as possible to secure variety. Entertainments, music and all kinds of rational out-door sports should be provided for, and every kind of special talent be utilized among patients and employees. Of course, hearty coöperation is required on the part of the attendants, but this is easily secured by proper enforcement of discipline. Attendants and nurses generally fall in readily with the arrangements as helping to render their duties less monotonous. A reasonable amount of "time off duty" should be allowed to better prepare them for their task. Attendants are liable to think amusements, etc., are to be used as rewards for good behavior, but this is a mistake; it is the irritable, restless, and depressed patients who are most in need of them, and the physician should be the judge.

A NEW HONOR FOR MISS NIGHTINGALE

WOMAN'S WORK tells us that in Hiogo, Japan, a native gentleman offered to present the portrait of some distinguished man or woman to a primary school, according to the children's own choice. George Washington headed the list, but Miss Nightingale, the only woman whose name appeared, received thirteen votes.

THE VISITING NURSE DEPARTMENT

IN CHARGE OF
HARRIET FULMER

THE VISITING NURSE AND THE PUBLIC SCHOOLS*

By JANE ADDAMS

Hull House, Chicago

I AM asked to speak for a little while upon visiting nurses in our schools. I presume as a member of the Chicago School Board I ought to keep silence, but nevertheless those of us who see a great many children, especially the children of foreign-born parents, see in the attendance of the visiting nurses one of the very best opportunities for helping the children and helping the families, as they are found in the public schools, and more than that it is a matter of public safety, and largely, too, a matter of public health that a nurse should be kept in each public school.

New York has now some seventy-five nurses, and with such representation of nurses in the public schools New York is so much in our advance. I see a nurse here this morning who has been closely identified with the work there, who can tell you more than I or anyone else what the result has been. The best of medical inspection succeeds only in sending the child home; they say that such and such a child would have a bad effect on the other children, and therefore he is sent back to the family physician for treatment. In most cases a family physician is not called in, because in the words of Artemus Ward, "There ain't none," and therefore the child is kept out indefinitely, and the public school so far as that child is concerned, is doing nothing, and the child continues to play in the alley and on the streets or sit on the doors of the tenement with the rest of them.

We made an experiment a year and a half ago, and it was really made at the visiting nurses' suggestion, taking a group of three of our public schools in the crowded district and including the parish schools in the immediate vicinity to see what might be done in the reduction of truancy, and all the children sent home were followed up by the

* Address to the Conference of Visiting Nurses, held in Chicago, April 25, 1908.

visiting nurses, and it made the greatest possible difference. The child went home and, of course, would have staid at home, but he was followed by the visiting nurse who discovered in many cases that he could be sent back in a day or two, and in many other instances where this could not be done, by watching the difficulty and treating it, in a short time they would be back in school. This is the whole idea, the medical inspection was succeeded and almost transposed by the addition of the visiting nurses. The medical inspection got the child out of school, and the visiting nurse got the child back. It seems almost foolish to have medical inspection without the visiting nurse. Not that we would abandon the medical inspection; in no sense are they rivals, and in no sense is the nurse to make a diagnosis, but one without the other is insufficient and not to be tolerated. I am sure that here in Chicago we are working towards the nurses in the schools. We had them for one halcyon ten weeks, but owing to lack of funds and political difficulties the ten weeks were all we were able to get. But I am sure New York, Baltimore and Philadelphia and other cities of the east already have some, and we hope in time that they will be cared for in Chicago.

We have laws in Illinois compelling the parent to send the child to school, the children are made to go to school whether the parents wish it or not, and to do that we have not acquired the right to leave them there without proper care. Not only the protection of the well child in the school should be thought of, but proper care of the child who is ill. It is in the light, I take it, of a public obligation, and that where we insist on each child going to school we must take care of him while he is attending.

Then I think there is another thing which might be said to you this morning. Many years ago, in the very beginning of institutions and foundling schools and orphan asylums, a number of children were gathered in poor-houses, they were never successfully cared for, and certain diseases were developed among those children which arose from the very circumstance of their being closely kept together. The great difficulty of taking care of a lot of children together has been recognized by the medical profession. Some of them even adhere when a number of children are brought together, even for the few hours daily in the public schools; there is a certain difficulty about managing a number of children together. Probably the only way to have really healthy children is to have them with their own mothers in their own comfortable homes, and I believe it is the duty of the public to minimize that danger as far as possible, to minimize it on the physical as well as the moral side. The public school teachers are trying to do their best, the community

must be represented. The school board does its duty in the teaching force, but the community as a whole comes in through the presence of the visiting nurse, and she must have that strong sense of moral obligation that should characterize every nurse, whether she is a visiting nurse or a hospital nurse, and we feel that you would do that, and we sincerely hope that every school will have its visiting nurse.

HOW TO FORM A VISITING NURSE ASSOCIATION

By MARY BEARD, R.N.

Waterbury, Conn.

EVERYWHERE people are waking up to the need of visiting nursing. Everywhere new associations are springing up fostered by women's clubs, by churches of various denominations, by individuals, sometimes by city governments. From the point of view of the visiting nurse who is facing the proposition of introducing and making popular such an association there can be no doubt that much the most satisfactory management is the individual. Let him be a practical man with a working knowledge of the town and its needs and a progressive turn of mind and the lines of the new visiting nurse have fallen in pleasant places. Perhaps it would seem so rare to find such a man that this ideal "start" will be at once dismissed as impossible; but have you ever talked with the public-minded men of your town about visiting nursing?

It is astonishing how strongly this kind of work appeals to practical men and how ready and anxious they are to help support it; so I say, first have one individual and let him be a man, for your managing director. Second, be careful not to fasten a false name on your work in the beginning. Do not have the name of *anything* connected with it—visiting nurse association is most comprehensive. It explains it well and cannot antagonize. It seems to me in looking back to our beginning that two other points are worth making. Have an office hour from the very start. Patients and doctors and townspeople all have the right to demand a time to see you and the increase in new calls quickly pays for the loss of visiting time. Charge a small fee—our highest was twenty-five cents. The importance of this is great, for many of the people you may wish to reach will not come to take advantage of the nursing unless they can do their part towards the support of the nurse.

And, finally, answer all the new calls very promptly. As soon as the doctors and their patients find that business hours and business methods are employed there are more calls and more every day. My

experience makes me feel that the start of visiting nursing is almost more delightful than anything that follows—everyone wants it so much.

[Miss Beard has made several good points in the above article, but one thing of great importance is, in starting a new association, that it should be made a community affair, if the work is to ever have a real civic importance.—EDITOR.]

ITEMS

GALESBURG, ILL., has formed a new association and desires a woman of experience to take charge.

THE Visiting Nurse Association of Los Angeles, California, has just sent out a most interesting and attractive report, a portion of which will be published in this department.

THE Visiting Nurse Association of Columbus, Ohio, has an opening for a woman of experience in district work as superintendent of nurses. For further information apply to the editor.

A COMPLETE reprint of the Visiting Nurse Conference in Chicago has been printed. For copies address the editor, Miss Harriet Fulmer, 79 Dearborn Street, Chicago. Price twenty-five cents.

FORTY-TWO letters were received by the editor of this department in reference to the request for a nurse for tuberculosis work in Honolulu. It was impossible to answer them all personally, and we take this opportunity of doing so. The position has been taken by Mrs. Deans, a woman experienced in visiting nurse work, well acquainted with the people of Hawaii and used to the climate.

MUCH good work to prevent blindness among babies is being done this summer in Washington, D. C., by the Visiting Nurses' Association. Each birth recorded at the Health Office is reported to the nurses with the address and a printed list of suggestions for the mothers as to feeding, care, etc. The nurse working in that section calls, examines the conditions, and, if there is evidence of ophthalmia neonatorum, treatment is begun. Very many of these small patients have come under the notice of the nurses, requiring extra nurses for the increased work. It is to be hoped that the good results will add one reason more why Congress should appoint school nurses who could take charge of this work during the summer.

A babies' dispensary has been opened in the southwestern section of the city and a new office for district nursing in Anacostia, D. C.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

"OFFICIAL DIRECTORIES"

DEAR EDITOR: In view of the fact that our associations of nurses all over the country are establishing directories under their own control and are quite generally designating said directories by the term "central" directory, I would like to make the suggestion that the term "official directory" would be more appropriate, as it would mean more, and carry with it its own explanation as to its status, our nurses' county associations being always recognized as official, standing as they do as the highest exponent of the nursing body in any community.

I have heard several alumnae directories referred to by their members as "central directories" with the explanation that because they had a fair membership and were open to all, they were therefore central directories.

I concluded it was a misnomer, and pass along the idea of a more appropriate term for our *official directories*.

We have no official directory in Los Angeles, but hope in the near future to have one established.

Fraternally yours,

M. R.

CARE OF TYPHOID EXCRETA

DEAR EDITOR: After reading "Practical Suggestions in Typhoid Nursing," May number of the JOURNAL, it seemed to me a discussion of the care of the excreta would be in order.

In regard to the disinfection, it would be interesting and valuable to have substance and methods described. Bichloride of mercury, we are warned, coagulates the albumen around the bacterium and so protects it; carbolic is slow, even when strong, and a hasty distribution of the excreta to the sewer might carry danger abroad; young and over-worked nurses should be re-warned of this. Creoleum throws down a very annoying tar-like precipitate on white porcelain closets,—necessitating more hard work, when often work is hard enough.

Is there a quick and safe disinfectant practicable, that will suit the requirements of spores and plumbing and will not disable the finances of private patient or struggling hospital?

Then as to method, a young nurse might forget the necessity of quantity. A large typhoid stool needs a large amount of disinfecting fluid. The excreta, enteric and renal, should be *well submerged* in the disinfectant, and if, as often happens, constipation follows quickly after the diarrhoea, a lack of perfect *incorporation* with the disinfectant may send out into the sewer quantities of dangerous viable bacteria. Then, do we not all require stern warning with regard to flies? Of course most nurses would scorn the need of such warning relative to vessels,—but what of that little spot on sheet or robe? Who will find it first, the conscientious nurse or the indefatigable fly?

In typhoid, quite as much as in surgical nursing, the nurse stands sentry at the very frontier of the enemy's country.

L. N. I., R.N.

[We hope the suggestions given in the above letter may bring a further discussion of the subject,—the proper disposal and disinfection of excreta, not only in typhoid but in other diseases. We shall welcome short articles to be included under Practical Suggestions, or long ones for the body of the JOURNAL. Science has made great strides in knowledge along these lines during recent years, and the nurse who was trained long ago, and who is doing conscientious work, though ignorant of the latest discoveries, will welcome information from those whose opportunities have been larger than her own.—ED.]

CARE OF THE FEET

DEAR EDITOR: The article upon "The Care of the Feet" in the May number of the JOURNAL, is so practical and helpful upon the subject, that I would like to add two hints.

In trimming the nail of the toe having the ingrowing nail, as well as trimming straight across and raising the corners with cotton, the surface can be scraped in the middle from the upper edge downward, and the edges trimmed deeper in the middle than elsewhere to favor the corners growing upward.

Nurses have more trouble with their feet than any other class of women, and the trouble arises while in training, owing to the lack of knowledge in fitting shoes to feet, on the part of the nurse as well as the shoe dealer. There is nothing that requires more careful intelligence than the right fitting of shoes. Not more than one man in fifty who sells shoes can find a shoe adapted to a foot, or knows how to go about

procuring one. The matter requires as much individuality as any other in existence. Generally speaking the broad toe and flat, low heel are the best; but one must consider how much width is needed across the ball of the foot before deciding upon the last. If a good deal of width is required in that part of the shoe, a last broader in proportion at that part than elsewhere, is necessary. The part which fits the heel should not be too loose and that about the upper part of the foot snug enough to support it firmly, and should be laced; in buying, get it small enough to allow for stretching from wear. A foot with a good deal of arch at the sole requires a little higher heel than the usual low, flat heel, to bring the heel of the foot on a level with its arch. The heel for such a shoe usually requires two or three extra lifts.

A buttoned shoe and a low shoe look well, but should never be worn by a person on her feet a great deal, as they do not give support to the upper part of the foot sufficient to prevent friction across the toes and a slipping of the foot forward, thus causing corns and bunions.

The shoe should fit every part of the foot, and a last should be selected which is adapted to the individual foot. Where it is impossible to get a ready-made shoe that will exactly fit, it is almost always possible to get one made, according to measurement, by machine, at very little more cost, whereas a hand-made shoe, to order, is very expensive.

E. C. H.

AN OLD QUESTION ASKED ANEW

DEAR EDITOR: *Just what is required of the nurse in the private home?* Recently an article in the *New York Sun* attracted my attention. "A chance for a new calling, that opens a profitable field for young women; great need for working nurses who will do the little things that the trained nurse sniffs at," is the way the article is headed and which goes on to say that the regular trained nurse of to-day absolutely refuses to sweep or dust her patient's room, from the fact that she cannot do menial labor, and that if asked to perform some slight or trivial service she appears positively shocked.

Is this true? I, for one, in the great body of graduate nurses, feel that it is not, and while I do not for a minute think of us as taking the place of a servant, I do feel that we, as a body of intelligent women, have too much good *common sense* or *mother wit* to retard the recovery of our patients by allowing them to worry over little things left undone, oftentimes, which we could so easily, and without lowering our dignity in the least.

Of the many nurses with whom I am personally acquainted, I am

sure there is not one who would hesitate for an instant to clean her patient's room, not only one day but every day, if necessary.

I am now in a home where there are four cases of typhoid. There are three nurses here, but we do not clean the rooms because the people have five servants and do not want us to do so. Of course in this instance it is not necessary, but in a very great number of homes to which I am called, I do clean my room.

I was in a home last year where the mother was quite ill, and beside caring for her constantly, I dressed three little girls for school, bathing them, combing their hair and making the necessary toilet each morning; ordered the groceries and managed the house in general, there being only one servant (she was new), so there was no one else to do these little things.

I think that we as nurses try to conform to whatever conditions we meet, and as far as possible adapt ourselves to the needs of the homes in which we daily find ourselves. I believe I voice the sentiment of the nurses of "Sunny Tennessee." I would like to have the opinion of others on this question, especially from some of the New York nurses, since the article to which I refer was suggested by a woman who "conducts one of the high-class employment bureaus of West Side, New York," so the paper states.

If this really is true, is it any wonder some of the doctors do not appreciate and patronize "graduates" more fully and exclusively?

M. E.

THE SUFFRAGE QUESTION

DEAR EDITOR: Since the historic meeting in September, 1896, in the Manhattan Beach Hotel when you and a little group of women, who were very loyal to their profession and the cause of women generally, met, to bring the Nurses' Associated Alumnae into being, I have never been disappointed in the actions of that body, of which you and I are charter members, until this year, when I read, with humiliation, I must frankly say, that a negative vote "by a large majority" was recorded at San Francisco against the reasonable and temperately expressed suffrage resolution offered to it!

It was a shock, because, though I know many nurses have never given the subject a thought, yet I believed that they might always be depended upon, in their associations, to take instinctively the intelligent and above all the sympathetic position on large human questions. I am far from thinking that nurses have time or strength for work outside of their own field, and do not expect to see them actively engaged in

the equality movement, but to give moral support and endorsement takes no time; to feel intelligent sympathy costs no money.

There are no reasons against political equality for women except selfish ones, and every good reason for it. May I run over a few of them? First, the patriotic reason: to deny the sacred duty of citizenship is to deny the foundation principle on which our democracy is built. As for the practical common sense reasons, they are on every hand. To help bring about more just and equal opportunities and equal pay for self-supporting women; to aid in the great child-saving crusade against the horrors of child labor; to carry good home-making and sanitary housekeeping into our city governments,—why I could not count all the reasons, but let me come down to concrete instances. A couple of years ago the Associated Alumnæ passed a resolution endorsing the Pure Food Law. That was quite right, but now they reject a woman-suffrage resolution, although, if the housekeepers of the nation had had votes, we could have had a Pure Food Law twenty years ago.

Next, our state societies have all responded warmly to Mrs. Crane's almshouse propaganda. Again good, but look here! what's the matter with our almshouses? Men's control everywhere and no women with any authority to see that they are managed humanely. If women had votes, even municipal ones, as they have in England, we might get women on as overseers of the poor, where they ought to be. I have just had very interesting light on a large almshouse, where an excellent woman is matron. She has no authority at all, and told a lady of my acquaintance that she and the physician appealed over and over again to the county supervisors for *necessary* comforts and improvements for the poor and the sick, "but," she says, "they are not interested; they do not care, and they do not listen." How foolish for us to take up an almshouse propaganda and yet reject the belief that women should vote!

Again, our nurses are becoming keenly interested in the tuberculosis propaganda, and this is well and right. But of all things in the world the tuberculosis question is a social question and the causes of tuberculosis (outside of the bacillus) are social causes which need the ballot for their changing, such as bad housing, overwork, underpay, neglect of childhood, etc. Take the present question of the underfed school children in New York. How many of them will have tuberculosis? If mothers and nurses had votes there might be school lunches for all those children and, as often suggested, teaching could accompany the cooking and serving.

I hope that at a future meeting our members will reconsider their hasty snapshot verdict.

L. L. Dock.

MISSIONARY WORK SUGGESTED

DEAR EDITOR: I would like to suggest to the nurse signing herself "Subscriber" in the June magazine that she try a little missionary work. If those other seven nurses are enough interested in our JOURNAL to care to read it, I think perhaps with a little kind preaching on the subject, they might be induced to subscribe for at least three more copies, which would give one journal to each two nurses. Kindly send their names and address to the JOURNAL and sample copies will be forwarded to them.

THERESA ERICKSEN, R.N.



AËRIAL THERAPEUTICS.—The *Maryland Medical Journal* says: When the preliminary era of aërial racing ships shall have worn itself out and the plain people get their innings, will come the age of aërial therapeutics. Then each farmhouse will be on the seashore and each city a seaport. Not far above each dwelling lie wastes of upper air, dust-free, germless, ozonized, ever cool and refreshing. A moment launched, then away, safely, swiftly, with hill and valley gliding beneath, until the evening falls and the lights from the shadow-land below warn of coming night.

If the heavier-than-air, self-balancing airship is attained, these therapeutic dreams will certainly come true, adding greatly to our facilities for curing diseases of debility. Every new era was somebody's dream, scorned of practical men. The brightest minds of science and mechanics are now dreaming dreams of the upper air.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

CHANGE OF MEETING PLACE

THE New York County Society will hold its meetings the coming year in Room 39 of the Academy of Medicine, New York City.

ADA B. STEWART, Secretary.

UNCLAIMED LETTERS

LETTERS for the following nurses, sent to San Francisco, will be forwarded if addresses are sent to Secretary of San Francisco County Nurses' Association, 4 Steiner Street, San Francisco.

Three for Miss Ellen Kershaw, three for Miss Anna Brennan, one each for Miss Katherine Furbee, Miss Emily Burns, and Miss Alice D. Hill.

STATE MEETINGS

THE Iowa state examination for nurses was held July 28 and 29 at the office of the Secretary of the State Board of Health. A number of applicants took this examination.

IOWA.—The fifth annual meeting of the Iowa State Association of Registered Nurses met at Sioux City in June, at which time the following business was transacted:

The election of officers for the ensuing year resulted as follows: president, Jane Garrod, Davenport; first vice-president, Anna Goodale, Cedar Rapids; second vice-president, Abbie Tabor, Sioux City; recording secretary, Mrs. Ida C. Neff, Waterloo; corresponding secretary, Wilhelmina Blim, Waterloo; treasurer, Anna Killeen, Dubuque; auditor, Blanche Bowker, Ottumwa.

Mrs. Ida C. Neff was appointed as delegate to the next national convention, with Miss Jane Garrod as alternate.

Owing to the passage of the registration law in this state, the name of the association was changed from the "Iowa State Association of Graduate Nurses" to the "Iowa State Association of Registered Nurses."

Miss Luella Bristol, of Des Moines, delegate to the national convention at San Francisco, gave a very interesting and instructive report of that meeting.

It was recommended that a state inspector of training schools be appointed.

A resolution was adopted that the Iowa State Association of Registered Nurses offer their assistance to the Minnesota nurses in entertaining the visiting delegates at the next national convention to be held in Minneapolis in 1909.

The convention was a very enthusiastic one and the attendance was more than double the number of any previous meeting.

Respectfully submitted,

IDA C. NEFF,
Recording Secretary.

KENTUCKY.—The second annual meeting of the Kentucky State Association of Graduate Nurses was held June 9, 10, and 11 at the Woman's Club, Louisville. The sessions were well attended and much interest was shown. Officers were elected as follows: president, L. A. Wilson, superintendent Children's Free Hospital, Louisville; first vice-president, Marie Lustnauer; second vice-president, S. E. Dock; recording secretary, Lulu Evans; corresponding secretary, Viola J. Bines; treasurer, Mrs. J. J. Telford. Committees: Ways and Means, Louise Mensinger; Credentials, Edith Bush; Nominating, Katharine Arnold; Press and Publication, Patty McPherson.

The program presented was:

Tuesday afternoon: Invocation; address of welcome by the Mayor of Louisville; response by Mrs. Thompson; addresses by Dr. John G. Cecil, president of the State Medical Association, and Mrs. Charles P. Weaver.

Tuesday evening: Reception given by the Jefferson County Graduate Nurses' Club.

Wednesday morning: Business; reports; president's address; paper, "Duty of Nurses to State and Local Associations," by Margaret Blair.

Wednesday afternoon: Papers, "Course in Hospital Economics," by Laura A. Wilson; "Juvenile Court Work," by Dr. Winnifred Green; "Anti-tuberculosis Campaign," by Anna G. Murphy.

Wednesday evening: Entertainment at Fontaine Ferry by the alumnae associations of Louisville.

Thursday morning: Business, reports and election.

PATTY MCPHERSON,
Chairman Publication and Press Committee.

NORTH CAROLINA.—At the Southern Conservatory of Music, Durham, on June 17, was held the opening session of the sixth annual meeting of the North Carolina State Nurses' Association. Mr. G. W. Bryant presided, and the meeting was opened with prayer by Rev. E. R. Leyburn. The program consisted of addresses of welcome, the president's annual address, music and a paper by Professor A. H. Merritt of Trinity College. Dr. Cheatham's address of welcome on behalf of the medical profession was brief and cordial. Judge Winston paid a high tribute to the trained nurse when he spoke of her as the distinguishing feature of our age. The president, Miss Pfohl, reviewed the work of the association and its ambitions for yet better work in uplifting professional standards and thus being able to give better and more efficient service. In this connection she spoke of the preparatory course for nurses that it is hoped can be established at the State Normal College at Greensboro, and towards which the association has been working during the year. She mentioned as an interesting fact that the North Carolina association was the first to get a bill passed providing for registration of nurses. The paper on "Hospitals and Nursing

among the Ancient Greeks" showed research and was interesting and instructive.

On Thursday morning at 9 o'clock, the board of directors met and discussed plans of work for the year. The first business session was called to order at 11 A.M. by the president, Miss Pfohl, and an opening prayer was offered by Rev. C. J. Thompson. About fifty nurses were present during the meeting. When all members had registered and paid dues, the regular business was taken up. Minutes of the last meeting were read and approved, also the secretary's report. It was a matter of regret to the association that the treasurer, Miss Evans, was detained at home by illness. Her report was read by Mrs. Nunnally, secretary pro tem. Committees were appointed. An entertaining and instructive paper was read on "A Visit to a Pill Factory," by Miss M. L. Wyche, which told of taking a peep at pill making in the laboratory of Parke, Davis & Co. of Detroit.

Following this paper was a "Report on Almshouse Nursing in North Carolina," by Miss May Williams, chairman of the Committee on Almshouse Nursing. This report was read by Mrs. Pratt, delegate from Charlotte Local Association. A discussion followed. Dr. Arch Cheatham was present and gave a short talk on the work, especially of the conditions existing in Durham County. This ended the morning session.

In the afternoon new members were elected to the board of directors to fill expired terms. The board of directors for 1908 is as follows: president, Constance E. Pfohl, Winston-Salem; first vice-president, Maria P. Allen, Morganton; second vice-president, Ann Ferguson, Statesville; treasurer, Lillie H. Cowan, Durham; secretary, Mary Sheetz, Winston-Salem; chairman Membership Committee, Ella MacNichols; Mary L. Wyche.

Reports were next in order. First came those from local societies, that from Charlotte being particularly good. That from Raleigh spoke of the existence of a sick loan fund which was creditable. The president of the Board of Examiners reported that thirty-two nurses had taken the state board examination, a good number of these being recent graduates.

After reports of committees and some unfinished business, came "Ethics of Nursing," an excellent paper, prepared by Miss MacNichols of Charlotte.

The third business session was opened at 9 A.M. by prayer by Dr. A. G. Adam of Trinity Methodist Church. Before taking up the work of the morning, the association had the pleasure of listening to a practical and interesting paper on "Tuberculosis," by Dr. T. A. Mann.

In the absence of Mrs. Nunnally, Miss Wyche read her paper on "Hospitals and Training Schools of North Carolina" and much information of a helpful nature was obtained. The morning was largely taken up by discussions, especially as to the means of securing the proposed preparatory course for nurses at the State Normal College, Greensboro. Letters were read from superintendents of hospitals and others on the subject, and a motion was adopted by the association that a second attempt be made to secure an expression from superintendents of training schools on the subject, and to learn what support they would give such a course.

Thirty-nine new members were elected. The association voted a sum of money to be set aside for the endowment fund of Teacher's College (Hospital Economics Course). Miss Wyche was appointed delegate to represent North Carolina State Nurses' Association at the next meeting of the Associated Alumnae.

A committee was appointed to express publicly the thanks of the nurses for the hospitality of the Durham people in entertaining nurses in their homes and providing many pleasant amusements, after which the association adjourned. The place of the next meeting was brought up for discussion and will be decided later by the directors. Social features of entertainment for the nurses were: a trolley ride over the city; refreshments at Lakewood Park by the Ladies' Board of Visitors of Watts Hospital; a theatre party by Durham druggists; an automobile trip to Chapel Hill, State University, with an elaborate supper served at that place by the kindness of Mr. Geo. Watts, Durham's benefactor in that he has given to the city a fine new hospital now in course of erection. The hospital is to cost a quarter of a million dollars. The physicians of Durham gave a reception to the association on Friday evening.

MARY SHEETZ, R.N.,
Secretary.

INDIANA.—The annual meeting of the Indiana State Board of Registration and Examination of Nurses was held in Indianapolis, July 2, at the State Capitol.

The officers of the examining board were reëlected, Mrs. Isabella Gerhart, R.N., president, Indianapolis; Miss Edna Humphrey, R.N., secretary and treasurer, Crawfordsville; Miss Lizzie M. Cox, R.N., Elizabethtown, was reappointed training-school inspector.

EDNA HUMPHREY, Secretary.

REGULAR MEETINGS

BALTIMORE, MD.—The annual meeting and reunion of the Baltimore City Hospital Alumnae Association was held on June 24 at 4 P.M. at the hospital. At a previous meeting a subscription for a sick benefit fund had been started, reports from which were most encouraging. This method was selected to save the trouble of holding a bazaar. A donation was made to the Hospital Economics Course. The following applicants were proposed for membership; Pilar Cabrera, of Cuba, and Selma Gibson, of Maryland.

Officers were elected for the coming year: president, Eleanor Parker, 825 North Fulton Avenue, Baltimore; vice-president, Sadie A. Rowe; corresponding secretary, Johanna Tuve, Subbrooke Park, Md.; recording secretary, Sister M. Nolasco; treasurer, Mrs. May Clare Nicholls; disbursing treasurer, Sister M. Alexius. A resolution was passed expressing appreciation of the services of the retiring president, Sara Ward. At a tea following the meeting the sisters in charge of the hospital entertained the members.

CINCINNATI, O.—The Jewish Hospital Alumnae Association has just issued its program for next year's work. It is attractively gotten up in the form of a booklet, printed in the association's colors, green and white, with names of officers, subjects for the different meetings, a list of the members, and a copy of the constitution and by-laws. Interesting quotations are interspersed. The order of exercises at each meeting seems to be a "response," a paper and a reading. Probably the response is to the roll-call; that for November is given as "Summer Memories," all the other responses call for quotations. This might

be a good way for other associations to get each member to take part in the meeting. The papers for the year are to be: "What is a Trained Nurse?" "The Uses and Abuses of the Uniform;" "Need of the Alumnae Association;" "Relation of the Graduate to her School, Fellow Nurses and the Public;" "Problems of Private Nursing;" "District Nursing;" "Institutional Work;" "Results of Work at the Pure Milk Station;" and a five minute talk by each member on the year's work. Some of the subjects of the readings are: Martin Chuzzlewit, Chapter 49; Excerpts, Ambroise Pare; Selections, AMERICAN JOURNAL OF NURSING; Foreign Hospitals, and selections in general.

The program would be still more useful for reference if it contained the addresses of the president, corresponding secretary, and treasurer.

NEW YORK, N. Y.—At the annual meeting of the Metropolitan Alumnae Association, on May 18, the following officers were elected for the coming year: president, Caroline MacDevitt; first vice-president, Katherine Dillon; second vice-president, Anna B. Burns; treasurer, Edith Cavalli; secretary, Helene D. Bengtson.

NEW YORK, N. Y.—On May 15, the Alumnae Association of the Presbyterian Hospital School of Nursing entertained the graduating class at Florence Nightingale Hall, from four till seven. While the orchestra played, the guests danced or talked in cozy corners. Refreshments were served from attractively set tables, and the tea was pronounced one of the most successful given.

DAYTON, OHIO.—The last monthly meeting for the summer of the Graduate Nurses' Association of Dayton and vicinity was held June 17 in the nurses' home of the Miami Valley Hospital. After the reading of a paper on "Current Events," by Anna Nichtern, the officers elected at the last meeting were installed: president, Ella P. Crandall; first vice-president, Mary Kemp; second vice-president, Anna Nichtern; secretary, Freda Gaiser; corresponding secretary, Crete M. Zorn; treasurer, Mary Christy; councillors, Ida Boyce, and Nina Weith.

The next meeting will be held the third Wednesday in October.

PATERSON, N. J.—At the annual meeting of St. Joseph's Hospital Training School Alumnae Association, the following officers were elected: president, Margaret Dwyer; first vice-president, A. E. Madden; second vice-president, K. Piusonneault; secretary and treasurer, Mrs. H. F. Reid; chairman Board of Trustees, Miss I. MacDonald. After the meeting the members attended the graduation exercises of the class of 1908 and were the guests of Sister Mary Clare at a banquet tendered the graduates. The dining hall was beautifully decorated and all present had a most enjoyable time.

PHILADELPHIA, PA.—The fifth annual meeting of the Nurses' Alumnae Association was held at the Jewish Maternity Hospital, April 29, when the following officers were elected for the ensuing year: president, Betty Chodowski; first vice-president, Mrs. J. Rabinowitch; second vice-president, Mrs. J. Shapirio;

secretary, Mrs. F. W. Simon; assistant secretary, Miss Stimmel; treasurer, Mrs. S. Belle Cohn.

The alumnae has had a very successful year, and has presented the hospital with one hundred dollars towards furnishing the new nurses' dormitory. The entire graduating class of this year has joined the association.

At the commencement exercises of the thirteenth class the alumnae gold medal was won by Catherine O'Brien and honorable mention was given Gertrude Rosenthal.

The "Loucheim" prize for best practical work was won by Rebecca Rothstein.

ST. PAUL, MINNESOTA.—The Ramsey County Graduate Nurses' Association held its regular monthly meeting at the nurses' home, 35 Aurora Avenue. There was an attendance of twenty-five members. A committee was appointed to confer with the Ramsey County Medical Society to discuss and form plans to meet the problem of nursing in the families of moderate means. The announcement of hourly work being taken up by Grace N. Robinson was made. This will put three graduate nurses of experience in this work; Miss Swan and Miss Forbes being the others. A report of the San Francisco convention was given by the delegates, Miss Holmes and Miss Bedford, which was extremely interesting and enjoyed by all. Miss Jameison was welcomed back; she has been in Chicago connected with the tuberculosis work under Mr. Wilson for the past two months. It is hoped that she will take charge of the summer camp for tubercular patients in this city—which is ideally located on the river bank.

ROCKFORD, ILL.—The alumnae of the Rockford Training School held their annual banquet on the evening of May 29 at which the graduates were the guests of honor. The business meeting of the association followed the banquet, at which the following officers were elected: president, Nellie S. Hanford; vice-president, Ida S. Culhane; secretary, Nellie Y. Stocking; treasurer, Hetty M. VanEpps.

SCRANTON, PA.—The annual meeting of the Alumnae Association of the Moses Taylor Hospital Training School for Nurses was held May 16 at the nurses' home.

PERSONALS

MISS REBA TAYLOR, resident nurse at the Mt. Vernon Seminary, goes to Wilmington, Delaware, for a vacation.

MISS HAZEL ANTHONY, class of 1907, Lakeside Hospital, Chicago, has resigned her hospital position at Paris, Ill.

MISS ANN J. JONES, of Des Moines, Iowa, will on August 1 become assistant to Miss Helen Balcum of Finley Hospital, Dubuque, Iowa.

MISS LILY KANELY, president of the District Nurses' Association, Washington, D. C., has returned from a two months' stay in Paris.

MISS ANNA L. MCCOY, member of the Nurses' Alumnæ Association of the Jewish Hospital, Philadelphia, sailed on June 20 for a two months' tour of Europe.

MISS BLANCH M. TRUESDALL has been appointed superintendent of Cottage Hospital, Portsmouth, N. H. Miss Truesdall is a graduate of the Margaret Pillsbury Hospital Training School, Concord, N. H.

MISS MCWHORTER, who is in charge of Dr. H. D. Fry's Sanitarium, Washington, D. C., has gone to her home in Mobile, Alabama, to remain until October. Miss Daucherty, of the National Homeopathic, has charge during her absence.

MISS ALICE B. SLAUGHTER, of Ottumwa, Iowa, has taken charge of the Eleanor Moore Memorial Hospital, Boone, Iowa. This hospital has received another fund from Mr. Moore and will soon erect a large wing, thereby increasing its capacity materially.

MISS MARION B. DIBBLEE has resigned her position as superintendent of Melrose Hospital, Melrose, Massachusetts, to take effect August 1. The management is sorry to part with her, as the work has been very prosperous under her administration. The vacancy has not yet been filled.

MISS ALICE C. BEATLE, a graduate of the Illinois Training School for Nurses, who has been superintendent of nurses at the Homeopathic Hospital in connection with the University of Iowa at Iowa City for several years, has resigned her position and will take up private nursing in Cleveland.

MISS LUCY F. RYDER, R.N., a graduate of the Presbyterian Hospital, New York City, has opened a wholesome home-like boarding place at 151 East 81st Street, where permanent or transient guests will be received, with or without board. This should prove an attraction to out-of-town nurses who do not know where to find a place to stay while in the city.

MISS R. INDE ALBAUGH has resigned her position as superintendent of Grace Hospital, New Haven, Connecticut, and intends taking a much needed rest; she is spending the summer on Skiff Mountain in Kent, Conn. Miss Albaugh held the above position for seven years, and has temporarily retired from institutional work to rest, and to devote some time to the study of special lines of institutional work.

DR. LAURA H. CARNELL, dean of Temple University faculty, has sailed for a visit of several weeks to the principal educational centres of Europe. She is accompanied by Mrs. Wilmer Krusen, a member of the Temple University Training School Auxiliary.

One of their principal missions will be the study of hospital work with a view to applying the latest ideas in this line to the work of Temple University. Miss Carnell will take the summer course at Cambridge.

THE resignation of Miss Victoria White, who for the past seventeen years has been superintendent of St. Luke's Hospital, South Bethlehem, Pa., and also principal of nurses of that training school, went into effect on June 15. Miss White is greatly missed by all those connected with the institution as well as by all her friends in the community, but especially by the nurses—who have

benefited so largely by those years of constant and faithful work in the building up and advancement of the school.

The alumnae society was founded by Miss White and of the one hundred and twelve graduates of the training school, all but fourteen were under her supervision and feel that in her going from St. Luke's, they have met a personal loss.

Miss White has gone to Pittsburgh for an indefinite rest and later will travel. She carries with her wherever she goes the love and best wishes of her alumnae association.

BIRTHS

ON May 24, at Paterson, New Jersey, a son to Mrs. A. F. MacBride, formerly Miss K. Galvin, class of 1899, St. Joseph's Hospital, Paterson.

MARRIAGES

ON April 22, at Boston, Flora E. MacPherson, class of 1901, Carney Hospital, to Joseph L. Muldoon.

ON June 10, at Boston, Josephine A. Murphy, class of 1898, Carney Hospital, to Dr. Timothy M. Shay.

ON June 3, at Denver, Kathryn D. Leary, class of 1906, the Western Pennsylvania Hospital Training School for Nurses, to Carney Hartley.

ON May 28, Lizzie M. Walker, class of 1892, Brooklyn Homeopathic Hospital Training School, to Parker Stiles of Englewood, New Jersey.

ON May 8, at Pittsburgh, Eleanor D. North, class of 1906, Western Pennsylvania Hospital Training School for Nurses, to Paul E. Westhaeffer.

ON June 6, at Greensburg, Pa., Mary Bortz, class of 1907, the Western Pennsylvania Hospital Training School for Nurses, to John F. McCullough, M.D.

ON May 5, at St. Dominic's Church, Denver, Selina A. Chanvin, R.N., class of 1905, Illinois Training School, to John J. Flynn. They will live at Tomahawk, Wisconsin.

ON June 27, at Brooklyn, N. Y., Sarah A. Terrill, class of 1894, Long Island College Hospital, to Joseph R. Hammond, M.D. They will live at Port Jefferson, Long Island.

ON April 4, at Waterbury, Conn., Ella M. Murphy, class of 1904, St. Luke's Hospital, South Bethlehem, Pa., to George A. Sisson. They will live at Corregidor, Philippine Islands.

ON July 11, in Trinity Chapel, Washington, D. C., Minnie T. Turner, R.N., class of 1907, New York Infirmity for Women and Children, to Sydney L. P. Dunott. They will live in Baltimore, Md.

ON May 19, at Pasadena, California, Minnie A. Philippens, class of 1905, Maryland General Hospital Training School, and recently a member of the Army Nurse Corps, to Captain Clarence N. Purdy of the United States Army.

ON June 20, at Lawville, Canada, Annie Ross, class of 1891, Hamilton City Hospital, and post-graduate, class of 1901, Woman's Hospital, New York City, to William Jardine. They will live at 57 Murry Street, East Hamilton, Canada.

ON February 19, at Logan, Philadelphia, Pennsylvania, Margaret B. Freutzl, class of 1901, Jewish Maternity Hospital, Philadelphia, to Frederick W. Simon of Billings, Montana. They will live at Carnac and Loudon Streets, Logan, Philadelphia.

DEATHS

AT St. Barnabas Hospital, Newark, New Jersey, Mrs. Frank Adams, formerly Mary Macauley Farmer, a graduate of the Newark City Hospital.

MRS. JOHN NICHOLS (Lillian Carruthers), graduate of the Metropolitan Hospital Training School, Blackwell's Island, class of 1906, died at her home in Philadelphia, on May 15, 1908, after a very severe illness.

ON Tuesday, June 30, at the Sunshine Sanatorium and Rest Home, Borough of Brooklyn, N. Y., of typhoid fever, Sarah E. Lindsay. Interment at Almer, Ontario, Canada. Miss Lindsay was a graduate of the Long Island College Hospital Training School, class of 1895.

AT her home, Hoboken, New Jersey, April, 1908, after eight days' illness of typhoid fever, Edna M. McLaren, a graduate nurse of Mountainside Hospital, Montclair, New Jersey, class of 1897.



LAYING THE FIRST BRICK OF THE "EMILY C. SMITH NURSES' HOME," ELLIOT HOSPITAL, MANCHESTER, N. H., JUNE 30, 1908 (BY A NON-UNION WORKMAN).

HOSPITAL AND TRAINING-SCHOOL NOTES



THE new operating rooms of the Rhode Island Hospital were formally opened on June 25.

THE graduating exercises of the Moses Taylor Hospital, Scranton, Pa., were held on May 15 at the nurses' home.

MERCY HOSPITAL, Des Moines, is adding a large wing to the east of the main building. This will make the capacity about two hundred beds.

THE old Nurses' Home, in connection with the Methodist Hospital, Des Moines, has been torn down and a splendid new home is being erected on the old site.

MR. ODEN EDWARDS, for eleven years superintendent of the Methodist Episcopal Hospital, Broad and Wolf Streets, Philadelphia, has resigned. His successor is not yet named.

THE officers of the Central Dispensary and Emergency Hospital, Washington, D. C., expect by October to have found a site for a new and larger building than the present one. The government is to use that section for new public buildings.

THE Elliot Hospital, Concord, N. H., has a very complete maternity building just opened and is beginning work on a perfectly beautiful nurses' home to be called the "Emily C. Smith Nurses' Home," in honor of Miss Smith, a great friend of the "Elliot."

THE German Hospital of Brooklyn has in training four young Indian girls, and two more are expected in September. They are educated girls, with good manners; the superintendent believes they are going to make good nurses, and they are proving acceptable to the patients.

AN article in the *Toronto World* describes the thorough course given the pupil nurses in the Hospital for Sick Children. Each nurse has six weeks' instruction in the diet kitchen at the training school and then three months' practical experience in the hospital diet kitchen.

THE commencement exercises of the Lutheran Hospital Training School of La Crosse, Wisconsin, were held in the hospital building on June 12, when the following seven young ladies received diplomas and pins: Emily Gollin, Inga Qually, Ingeborg Lurde, Ella Rusch, Lydia Prella, Bertha Berg, Emma Puls.

THE graduating exercises of the Rockford, Ill., Training School were held on the evening of May 28 at Mendelssohn Hall.

Nine nurses received their diplomas at this time: Hylah R. Bender, Ethel M. Bliss, Sophia C. Hotzel, Carrie C. McGrath, Lulu I. Wilson, Kathryn Prindiville, Myra Bausch, Ethel E. Bailey, Ethel Charnley.

THE hospital department of the Tabitha Home, of Lincoln, Nebraska, was dedicated on July 7, with two services held at 2 P.M. and at 7 P.M. The exercises consisted of music and addresses, the speakers being Rev. G. F. F. Mueller, president of the German Nebraska Synod; Hon. E. J. Burkett, United States Senator; Rev. J. E. Hummon of Omaha; and Hon. W. J. Bryan.

THE annual report of the Passavant Memorial Hospital, Chicago, states as a cause of unrest and disquiet that good applicants for the training school are lacking. Having heard that one reason for the shortage of probationers is the lack of comfortable accommodations for nurses, the hospital is proceeding to build a comfortable, attractive nurses' home, to take the place of several flats in which the nurses have been living.

THE twentieth annual report of the Morton Hospital, Taunton, Mass., tells of the enlarging of the visiting staff of physicians and the consequent necessity of employing an assistant superintendent of nurses. During the year a new double private room has been added through the refurnishing of the old office. The curriculum for the study of nurses is given and it is interesting to note that it contains a course of four lectures on chiropody.

THE graduating exercises of the Providence Hospital, El Paso, Texas, took place on May 14 at the Elks Home. The program consisted of music, address by Dr. Hugh Crouse, and the presentation of diplomas and badges by Dr. M. P. Shuster, president of the hospital. The superintendent of nurses is Miss Mary Finlayson, graduate of the Post-Graduate Hospital, Chicago. The graduates were: Josephine R. Young, New York; Mary E. Black, Missouri; Mary and Helga Hvidberg, New Mexico; Marie Sansome, Ontario.

THE graduating exercises of the Lakeside Hospital Training School for Nurses, Chicago, were held at the Masonic Hall on the evening of June 1. Addresses were given by Dr. C. G. Davis, and by Dr. Rachel Carr. The diplomas were conferred by Dr. A. R. Johnstone. The graduates were Mollie Hanson, Margaret Lewis, Clara Bartle, Florence Meloy, Agnes Reinmiller, Clara Leppla, and Hope Baker. A banquet was given by the Alumnae Association at the Chicago Beach Hotel on May 30 in honor of the graduates.

MAJOR P. F. STRAUB, of the Medical Corps, U. S. A., has begun a campaign against tuberculosis in the War Department. Carpets are to be done away with and the feather duster follows, two agents very rightly decided to be most unsanitary. Some of the clerks averse to fresh air have kept windows and ventilators closed, not only endangering the health of those in the offices with them, but lessening their own powers of resistance to the disease. Dr. Straub, who is credited with several sanitary improvements since his appointment, expects to make monthly inspections to improve these conditions. Next winter Dr. T. S. Lee expects to lecture on tuberculosis to the clerks who are interested.

PERHAPS it is not generally known that treatment for rabies is given at the New Naval Hospital, Washington, D. C. On account of the increasing number of cases, a Pasteur Institute has been established by Surgeon-General Wyman of the Marine Hospital Service. The course of treatment is three weeks and is open to those needing it and not able to pay. The only thing necessary is to show a letter from the Health Department. The cost of the treatment is small, as the Agricultural Department gives the virus and the treatment is

given by Past Assistant Surgeon A. M. Stimson, an expert in the service. Over thirty patients have come under treatment, the majority being children, in most instances having been bitten by pet dogs.

THE graduating exercises of the Training School for Nurses of the Seattle General Hospital were held on the evening of June 3, at the Young Women's Christian Association Auditorium. Addresses were delivered by Dr. F. S. Bourns and Rev. Francis J. Van Horn, D.D. The valedictory was given by Annie L. Hosmer. Miss Evelyn P. Hall is superintendent of nurses. The graduates were: Frieda J. Peterson, Annie L. Hosmer, Anna Moore, Veva A. Watson, Lucy W. Wright, Clara Steen, Elva Allison, Dollie L. Lucas, Myrtle L. Huches, Adda W. Watson, Maria K. Palmen, Nellie K. Hill, Nellie A. McElmon, Katherine A. Creighton, Stella M. Jones. At the close of the exercises the graduating class and members of the training school received their friends informally.

THE graduating exercises of the class of 1908 of the City and County Hospital, St. Paul, Minnesota, were held at the nurses' home on the evening of May 26. After a short and interesting program, the diplomas were presented by Dr. Anker. Refreshments were served in the class room, followed by dancing. This is the second commencement to be held in the new home. The evening following the graduating exercises the annual alumnae banquet given in honor of the graduating class was held. The guests included the class of 1908 and the faculty of the training school. The evening was delightfully informal and greatly enjoyed by all present. Miss Pace, 1904, was toastmistress; Miss Galeway, 1900, gave the toast to the class, which was responded to by Miss Anderson, 1908. There were other toasts by Mrs. Campbell, Miss Edwards and Miss Theobald.

THE annual report of Miss Snively, superintendent of nurses at the Toronto General Hospital, contains the following items of interest:

"The total number of applications received during the year has been 792. This number represents a total increase of 110 applications over that of the previous year.

"The present staff of the school consists of two assistants, one night supervisor, six graduate head nurses, ninety-four pupils and fifteen probationers, a total staff of one hundred and eighteen.

"The work of the hospital has been extremely arduous throughout the entire year, the number of operations alone amounting to 1641.

"Time has been also found for one hundred and ninety-two demonstrations, and fifty-five classes, by the superintendent of the school and her assistants, and one hundred and sixteen lectures and fourteen examinations by members of the visiting and house staff."

THE commencement exercises of the class of 1908 of the Presbyterian Hospital School of Nursing, New York City, were held on May 14. Hundreds of friends collected at the Florence Nightingale Hall at eight o'clock to enjoy these exercises which were as follows: a processional of superintendents, head nurses, and graduates, in order of their classes, from 1894 to 1907; next pupils of the school, and last the graduating class. Following this was a prayer by Rev. Edward B. Coe, D.D.; a song by Mendelssohn Quartette; the address—practical for not only the nurses but to possible patients of the future—by

John S. Billings, M.D. Music was sung again by the quartette. Then came the long hoped-for presentation of diplomas and badges by John S. Kennedy, Esq., president of the Board of Managers, and Frederick Sturges, Esq., chairman of School of Nursing Committee. The Mendelssohn Quartette sang another beautiful song, and the Rev. Edward Coe pronounced the benediction.

Not many minutes after these exercises were ended congratulations were given and refreshments were served. The evening ended with a dance and *Home Sweet Home*.

The names of the graduates follow; those marked with a star constitute the honor roll: Ada F. Benjamin,* Gertrude W. Drake, Annie E. Murray, Louise M. Marsh, Alice B. Boutwell,* Ethel D. Patton, Jessie W. Grant, Louise N. Courtright, Mary I. McClive, Nellie Meyers,* Nancy E. Yost, Effie M. L. Copeland, Jean G. Hayman,* Charity W. Lyon, Alice M. Upper, Elizabeth M. Phillips, Laura W. Todd,* Mary O. Boulter, Martha A. Winant, Caroline W. Bell,* Margery J. Lewis, Lillian Merrill, Mary Mitchell.

THE MARYLAND STATE BOARD OF EXAMINERS OF NURSES

Written Examinations, June, 1908.

DIETETICS

1. *a.* Describe a starch grain. *b.* Outline the digestion of starch.
2. *a.* Name five nourishments. *b.* Outline preparation of one.
3. *a.* Discuss the nutritive value of beef-juice, beef broth, chicken broth.
b. What cut of meat would you choose to make broth? Why?
4. Describe proper arrangement of an invalid's tray. Which points require special attention?
5. *a.* Define sterilization, pasteurization. *b.* How does sterilization modify milk?

ANATOMY AND PHYSIOLOGY

1. *a.* What takes place in the lungs during respiration? *b.* Name divisions, in order, of respiratory tract.
2. *a.* Give brief outline of the circulation of the blood. *b.* What important part do the capillaries play?
3. Where are the kidneys situated? State their function.
4. *a.* Name divisions of alimentary canal. *b.* How is the food carried from one part to another?
5. Of what is the nervous system composed?

ELEMENTARY HYGIENE AND BACTERIOLOGY

1. By what means are infectious diseases spread?
2. Explain the essential points necessary to insure a pure milk supply in a community.
3. *a.* Give the proper day and night temperature for a room for sick children, with the best way of regulating it. *b.* What daily care would you give the room in which you are nursing a case of measles?
4. Of what value as disinfectants are sunlight, steam, boiling water, and carbolic acid?
5. State the conditions required for a healthful house site, giving your reasons for such.

PRACTICAL NURSING

1. *a.* Describe in detail two methods used to reduce temperature in typhoid fever. *b.* What special care would you give a typhoid patient? *c.* Name three complications to watch for in nursing it. *d.* Method of disposing of excreta.
2. *a.* Give method of preparing and giving nutritive enemata. *b.* What care would you give an emaciated, restless patient to prevent bed-sores?
3. Under what circumstances is a sweat bath given? State method of giving; symptoms the nurse should watch for.
4. Give in detail two methods of applying moist heat to abdomen.
5. In going into a house where you suspect tuberculosis what steps would you take?

ANALYSIS OF URINE

1. *a.* Describe the appearance of normal urine. *b.* Describe the appearance of urine in the early stages of febrile diseases. *c.* What quantity of urine should be excreted under normal conditions in twenty-four hours?
2. How is the body benefited by the excretion of urine?
3. Give definition of the following terms: suppression, retention, albuminuria, hæmaturia, pyuria.
4. What is the most usual method used to increase the excretion of urine?
5. How would you collect and prepare a plain specimen of urine and a twenty-four-hour specimen of urine for the physician to examine?

MATERIA MEDICA

1. *a.* Name the chief preparations of the following drugs and give the average dose of each: strychnia; digitalis; belladonna. *b.* State the first symptoms of overdosing to be watched for and reported when giving these drugs.
2. *a.* What is the meaning of the term "cathartic"? *b.* Name three cathartics in common use, and give the average dose. *c.* How do you give a dose of salts; of castor oil?
3. How would you prepare and give a hypodermic dose of strychnia, gr. 1/120 from gr. 1/60 tablets; of morphia, gr. 1/6 from gr. 1/4 tablets?
4. How much turpentine should be used in preparing a turpentine stupe?
5. What should the nurse do in a case of opium poisoning until the doctor arrives?

INFECTIOUS DISEASES

1. State the stages in infectious diseases. At what stage of the disease is scarlet fever most contagious? Measles? Diphtheria?
2. What complications should a nurse guard against in nursing scarlet fever? Measles? Diphtheria?
3. *a.* To what extent is it allowable for a nurse to wear her uniform on the street? *b.* What precautions should the nurse take before going on the street when nursing a patient with an infectious disease?
4. How would you disinfect a room, its furnishings, and utensils after contagion? What would you use to disinfect the linen?
5. How would you prepare a patient who had had scarlet fever, so that it would be safe for the patient to go among other people?

OBSTETRICS

1. Mention some of the physiological changes, both local and general, that take place during pregnancy.

2. *a.* Outline the stages of labor. *b.* Nurse's usual duties during each.
3. *a.* Of what use is the colostrum? *b.* When does the mother's milk usually begin to flow, and of what is it composed?
4. *a.* Name some of the complications that may arise during pregnancy. *b.* Some that may occur during labor and during the puerperium.
5. In nursing a normal obstetrical case give outline of nurse's care of mother and baby during the first week.

GYNÆCOLOGICAL NURSING

1. Describe briefly the generative organs.
2. What is the chief danger associated with uterine hemorrhage at the time of the menopause?
3. State briefly a nurse's care for five days of a patient who had undergone an abdominal operation (no complications in the case).
4. *a.* What are some of the signs of hemorrhage after an abdominal operation? *b.* If remote from a doctor and these symptoms were manifested by your patient, what would you do?
5. Describe your technic and method of catheterizing a patient and cleansing stitches after a perineorrhaphy.

CHILDREN

1. Describe the care of babies' bottles and rubber nipples.
2. In case of convulsions what would the nurse do before the doctor arrives?
3. How would you calculate the dose for a child, the adult dose being known? How would you prepare a dose of castor oil for a child?
4. How large a nutritive enema would you give a child four years old? Twelve years old?
5. *a.* Is high fever (104° or 105°) in children always a dangerous symptom? *b.* How would you prepare a mustard bath for a child?

SURGERY

1. Give the nursing care for the first three days of a patient who had been operated on for appendicitis?
2. Give the preparation of normal salt solution for infusion in a private house.
3. What are the constitutional symptoms of severe hemorrhage? What could the nurse do until the arrival of the physician?
4. *a.* Why is carbonate of soda used in the water in which instruments are boiled? *b.* Can the skin be rendered perfectly sterile?
5. What are the chief complications that may occur after a surgical operation of any kind? What symptoms would you look for?

MEDICAL NURSING

1. Describe the nursing care of a typhoid fever patient. What precautions would the nurse take to prevent the spread of the disease, and in case of hemorrhage what would you do until the arrival of the physician?
2. In femoral thrombosis give the reason why you would keep the part elevated and perfectly quiet.
3. Describe the nursing care of a patient with acute nephritis.
4. How would a nurse differentiate between syncope and hysteria?
5. What are the symptoms of epilepsy? Give the nursing care of such a patient.

PRACTICAL SUGGESTIONS



THE CARE OF A NERVOUS PATIENT

By EMILY MEADS
Toledo, Ohio

HAVING lately had a little experience in nervous exhaustion, and having learned many thing during that very trying time, I thought perhaps a few lines on the subject might be of interest to the JOURNAL's numerous readers.

Were I teaching a class of undergraduates on this subject I should say: "Write a fresh headline on your chart each morning, 'This patient *needs rest*, not entertainment.'"

After eleven years' experience as a nurse I feel justified in saying there are few things as little understood by nurses and friends generally as this most trying condition. No one is to blame for that, as no two patients are alike, even though, superficially, conditions may appear somewhat similar. For instance, where I was cared for the gastric test charts of two patients looked very much alike. Both patients had worked hard in their respective occupations and both were of a hopeful disposition. The younger woman of the two, upon very little provocation, would become hysterical, crying, and expending every scrap of nervous energy which otherwise might have helped her towards recovery. She could sleep whenever opportunity occurred, but had no muscular energy. For a long time she had to be wheeled in a chair wherever it was necessary for her to go. In the other case the patient had, apparently, complete control over herself unless spoken to abruptly upon some subject which required concentration of thought. That would seem to overwhelm her, and she would ask to be excused from answering, in words more emphatic than polite. This patient could walk for an hour or an hour and a half without feeling very tired, if she could lie down for about the same length of time as soon as she returned; but in this instance sleep was hard to get, one thing after another being tried with little, if any, result. As her general condition improved, sleep returned, and never was anything more eagerly longed for.

As one noted writer expresses it: "This nervous exhaustion is not

a distinct pathological entity, but a group of symptoms due to various etiological influences and connected with various morbid states." So many things seem to give out at once, leaving the patient in anything but an enviable condition.

It would be an endless task to attempt to enumerate all the various symptoms which might present themselves, but I think, in many cases, the stages occur in this order: 1, Irritable or excitant; 2, despondent or exhaustive; 3, return of nerve energy.

If a nurse realizes that these stages have to be passed through, she will understand what torture it is for a patient to feel she must talk, to be polite, when every breath is needed to help regain that precious possession, nerve energy.

In the care of such disorders, the attending physician's orders must, of course, be carried out implicitly. If, as sometimes happens, the nurse is allowed a great deal of liberty for her own methods, I might suggest that she keep the bowels open, with a daily enema if necessary. Try to improve the circulation with a daily bath, followed by rubbing. Keep the feet warm. If one or two hot water bottles do not accomplish this, try putting the feet in water as hot as can be borne, increase the heat, keep the feet in water from five to fifteen minutes and follow by pouring cold water over them or dip them in a pan of cold water for a few seconds, then dry thoroughly. Be sure the feet are warm when the patient settles down for the night, always keeping a hot water bag within reach of the feet. Keep friends out of the room. Few people realize how hard it is to talk or be talked to when the nerves are "off duty." Do not be afraid of fresh air; that is the best tonic. Deal with the patient as kindly and gently as possible.

So many nurses lack imagination. I was asked by more than one young nurse: "What does it feel like to have nervous exhaustion and what are the symptoms?" Of course a graduate nurse would know better!

In the matter of diet, use common sense. Remember that the stomach is usually more or less impaired and it is what is digested rather than what is eaten which builds up the nerve-cells.

Keep the patient encouraged. If necessary remind her the breakdown has been a long time coming on and the rebuilding process is necessarily slow. Assure her that her mental attitude has much to do toward recovery. Let her see that her nurse is a friend who has her patient's interest at heart.

Should these suggestions in any way help some afflicted sufferer my experience will not have been in vain.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

ROTUNDA MIDWIFERY. For Nurses and Midwives. By G. T. Wrench, M.D., late Assistant Master Rotunda Hospital. With an Introduction by The Master of the Rotunda Hospital, London. Henry Frowde. Oxford University Press. Hodder & Stoughton, Warwick Square, E. C.

This book, most valuable teaching in its line, suffers a considerable depreciation by transportation from the country of its production. There is in America no class of midwives as they are known and licensed and governed by proper authority in England. The midwife class in America is not given to the reading of books, and what reading they do is not likely to be English. The professional shingle usually sets forth its owner's merit in Yiddish, German, or Italian. The author discusses and exhaustively considers the subject of midwifery from the midwives' point of view, and although the nurse may read the book with great profit, the fact remains that it is not written to or for nurses. It is addressed to women ignorant of knowledge of anatomy, physiology and general nursing. These women are supposed to be highly educated in matters mechanical and skilful and expert in the conduct of a case of labor.

The book is written largely in the form of question and answer,—leaving small latitude for the exercise of mental function,—as the following quotation suggests:

“What is abnormal labor? Abnormal labor includes (1) all cases of vertex presentation in which the child and afterbirth are not delivered without complications within twenty-four hours, and (2) all other presentations whether complicated or delivered without complications.”

But if it is too learned and overtechnical for the nurse, and entirely beyond the comprehension of the American midwife, it is sure to prove a boon to the young practitioner. The volume is of convenient size, beautifully bound and printed, and to the younger and less experienced members of the medical profession may probably become most acceptable reading. It is a pity, however, that so much valuable

information should be delivered in such a personal, fussy, and condescending manner. One never is allowed to forget that the author addresses an inferior order of being.

LECTURES ON MEDICINE TO NURSES. By Herbert E. Cuff, M.D., Late Superintendent, North Eastern Fever Hospital, Tottenham, London. Philadelphia, P. Blakiston's Son & Co., 1012 Walnut St.

This book is compiled from a set of lectures delivered to nurses, and while one feels that there are other lectures which preceded and that there are more to come, the book is very interesting reading and full of good hints on the subject of medical nursing. Each chapter is complete in itself and has little or no bearing on any other chapter. For instance, the first chapter, lesson, or lecture, is on "Germs and Infection;" the second, is on the use of stimulants in cases of acute illness, the third on the feeding of infants, the fifth on the pulse, later on come specific fevers, etc. The diseases are discussed as to their cause, location, symptoms, length of duration, complications, prognosis, treatment, diet, stimulants, management of convalescence, disinfection after contagious diseases, etc. Nothing new, yet all the old points interestingly reviewed and forgotten things recalled to mind; just the brushing up one needs if one has become rusty or if one feels in danger of being relegated to the place of "a back number" and wishes to avoid this awful fate.

COMING MOTHERHOOD. By Louis M. Spaeth, M.D., Philadelphia. Published by the Author, and for Sale at the Shop of Peter Reilly, 133 North Thirteenth Street.

This little book is especially addressed to young and expectant mothers. It treats of the physiological changes incident to parturition and the attendant symptoms of the same, but in the most simple language possible. The book is absolutely free of long-named, terrifying technical terms and lacks the usual alarming plates. Here are no instructions to the obstetrical nurse, no teaching for the student. Very briefly the signs of pregnancy are stated, its duration reckoned; the reflex changes due to the condition, and the disorders which sometimes accompany it are noted and commented upon, with reassuring simplicity. The latter part of the little volume concerns itself with the rearing of the infant and has some useful hints on clothing, diet, general hygiene, etc.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE
MONTH ENDING JULY 14, 1908

BAKER, ELMA, formerly on duty at General Hospital, Presidio of San Francisco, California, discharged.

BOLDT, LOUISE C., graduate of Farrand Training School, Harper Hospital, Detroit, Michigan, 1907, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

HALLOCK, MARY H., transferred from Division Hospital, Manila, to Zamboanga, Mindanao, P. I.

HOWARD, CARRIE L., transferred from General Hospital, Presidio of San Francisco, to temporary duty on the *Crook* to Alaska and return, to former station.

MOORE, MARGARET, transferred from Zamboanga to Division Hospital, Manila, P. I., thence to the United States for duty.

MORRIS, HANNAH P., transferred from Division Hospital, Manila, P. I., to Zamboanga, Mindanao, P. I.

PHILIPPENS, MINNIE A., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

PRINGLE, MARTHA E., chief nurse, General Hospital, Fort Bayard, New Mexico, on leave prior to discharge.

RONEY, KATHLEEN V., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

SAGAR, SARAH E., graduate of Trinity Hospital Training School, Milwaukee, Wisconsin, 1906; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

SELOVER, CLARA M., transferred from Zamboanga to Division Hospital, Manila, P. I., thence to United States for duty.

THOMPSON, DORA E., chief nurse, General Hospital, Presidio of San Francisco, transferred to temporary duty on the transport *Crook* to Alaska and return, to her former station.

WAHLS, MARGARET T., graduate of Newark German Hospital, Newark, New Jersey, 1905; appointed and assigned to duty at General Hospital, Presidio of San Francisco, California.

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EDITORIAL COMMENT



THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

WHILE it is not possible for us to give before the congress the complete program for the nursing session, we know that the following group of women are to present papers: Mrs. R. Burgess, of the Gaylord Farm Sanatorium in Connecticut, will write on "Sanatorium Atmosphere,—Moral and Cheerful"; Miss Frances Hostetter, of the Presbyterian Hospital, Philadelphia, and Miss Ida Cannon, of Boston, "The Tuberculosis Class"; Miss Louie Croft Boyd, of Denver, "The National Jewish Hospital for Consumptives"; Miss Eliza Thayer Patterson, of the Vanderbilt Clinic, New York, "Disinfection in Tenement Houses"; Miss M. E. Lent, Baltimore, "The True Function of the Tuberculosis Nurse"; Miss LaMotte, of Baltimore, "The Unteachable Consumptive"; Miss Florence R. Smithwick, of Denver, "The Attitude of the Modern District Nurse to Tuberculosis"; Miss Mabel Jacques, of Philadelphia, "Home Occupations in Families of Consumptives and Possible Dangers to the Public"; Miss Bertha L. Stark, of Pittsburgh, "Anti-Tuberculosis Work in the Pittsburgh Public Schools"; Miss Anne K. Sutton, superintendent of Phipps Institute, "The Henry Phipps Institute Training School for Nurses"; Mrs. M. E. Hoffman, a Phipps nurse, "The Instruction of the Patient in Personal Hygiene"; Mrs. Van Wagner, "Opportunities in Tenement House Inspection for Teaching in Tuberculous Families."

We have been informed that papers in the general sessions of the congress will be read by Mrs. Robb, Miss Damer, Miss Fulmer and Miss Wald.

There has never been an occasion in any great national movement when nurses have been granted the recognition that is being given in

connection with this congress. This is largely due to the efforts of Dr. John S. Fulton, secretary-general of the congress, who is most generous in his attitude toward nurses, idealizing them and even crediting them with more than they do; and who placed Miss Nutting on the central committee; to Miss Nutting herself, who was determined that nurses should have a distinguished place; and to Mr. Devine, who made the plan for the special session.

We have every assurance that there will be an interesting gathering of women engaged in this work, and in the matter of papers and discussions and interchange of experiences and helpful suggestions there is no question but that the nursing session will be a success.

The opportunity for hearing in the general sessions of the congress distinguished speakers from all parts of the world, is one that may not occur again in years and is worth some personal sacrifice for a nurse to bring about.

In order to prepare a valuable exhibit of the nurse's own share in the anti-tuberculosis movement, it is necessary that Miss Nutting and Miss Strong should have at least a thousand dollars. Dr. Fulton has sent broadly a circular letter appealing for funds for this special exhibit, but the suggestion has been made that individual nurses and nursing organizations shall be appealed to for aid in making this exhibit a success. Many women who cannot attend the meeting can show their interest by a contribution, be it ever so small. Any nurse or patient who has had in her family circle a victim of tuberculosis should be interested to contribute a dollar to this great educational movement, and the nursing organizations should be interested to aid, if only in sums equally small. While a thousand dollars seems a large amount when considered in bulk, it will not mean much when distributed among the thousands of nurses and their patients who may have reason to be interested in this special feature of the convention. Such contributions should be sent to Miss Isabel Strong, 2001 I Street, Washington, D. C., and applications for accommodations during the convention should be addressed to Mrs. Eustis at the same address. The congress is to be in session from September 28 to October 3, and the nurses' session is to be held on October 1.

Tuberculosis camps have recently been put in operation in Buffalo and in Rochester, N. Y. We know that the nurses' interest in both of these places has added greatly to their success. The camp in Rochester has been organized by a committee from the Public Health Association, with Miss S. F. Palmer as chairman.

In a letter from Miss Nutting, who is spending her vacation in Newfoundland, we hear of a tuberculosis convention which has been

organized there for the purpose of bringing together two hundred and fifty school teachers that they may be instructed in the cause and prevention of tuberculosis and in turn pass on this knowledge to their pupils.

In Detroit, a most vigorous and interesting campaign has been waged in which all the citizens of all classes have been interested coöperators. As a result of one special day's work in June, the funds of the Anti-Tuberculosis Society were raised from ten dollars to ten thousand dollars. This money is placed in the hands of a committee of seven of which Mrs. L. E. Gretter, head of the Visiting Nurse Association, is chairman, and is to be largely used in the sending of visiting nurses among tuberculosis patients. The city is divided into districts for this work and will be thoroughly canvassed. In addition, a vigorous "anti-spit" crusade is being waged.

THE WORK FOR BABIES IN CLEVELAND

THE Babies' Dispensary in Cleveland is the first of its kind in America. Similar work may have been done by others, but none have followed the prophylactic work throughout the entire year as this has done from the start. It sometimes happens, unfortunately, that milk stations and dispensaries, started with the best motives and run with immense enthusiasm, fail to accomplish all the good they might because the workers are not sufficiently informed and instructed as to the best methods. Sometimes, in a large city, several stations under one central head will be operated without sufficient coöperation and will differ greatly in usefulness. Of two stations in similar districts, one will be crowded with applicants and the other will be ministering to very few, because of the difference of method in getting hold of the people for whom the charity was organized.

Before starting the work in Cleveland a thorough investigation was made of the methods employed in similar work, both here and abroad, and everything was thought out ahead as far as possible, down to such small details as having the chairs in the waiting rooms supplied with rods at the back, on which the baby's clothes could be hung when it was undressed for examination. The result of this forethought is that the work has not been experimental and no money has been lost in learning how.

Those who have much to do with public service sometimes grow sick at heart in seeing public or charitable funds wasted through ignorance, or work falling to the ground because of personal friction between those who should be losing all thought of self in the general good.

PLANS FOR A GRADED REGISTRY

THE plan given on another page, which Miss Ericksen has so carefully worked out, was presented to some extent in a discussion by Mrs. Fournier, to whom she refers, so long ago as the Detroit meeting of the Associated Alumnæ. Theoretically, it would be a very easy solution of the situation, but practically the plan seems impossible for the reason that nurses do not control the situation in regard to their own affairs, either in registries or in state registration. Both commercial and political influences are factors that we have to contend with, and until we are more strongly united and have better control of our own affairs we could not put such a plan in operation. The difficulty that has been met on every hand in securing voluntary registration of graduates in those states where registration laws are in effect, shows the obstacles that would be met in endeavoring to control the non-graduate, unless she is compelled to register in order to practice.

The plan is one worthy of consideration and discussion and serious thought, and is one which we can work toward, but all the difficulties which it would bring with it, and its futility without legal compulsion, would make it seem to us impracticable at the present time.

MISS ROGERS' PAPER

MISS ROGERS' report on school nursing, given at the San Francisco meeting, and reproduced in this issue, while in some respects a repetition of what has been given before, shows the effectiveness of the plan of organization adopted by the New York Board of Health for the school work, and also the practical working results in the schools after six years of steady application of the principle. In those localities where school nursing is being agitated her paper will be found a valuable guide.

THE JOURNAL'S ATTITUDE ON THE SUFFRAGE QUESTION

THE letters which are appearing in the JOURNAL, and which come to the editors personally, on the suffrage question, are evidence of a misunderstanding of the JOURNAL'S position in this matter. This magazine is a professional journal, devoted to the interests of nursing. On every nursing subject it has a definite policy. On all other broad questions its attitude is neutral. Among so many thousand women as go to make up the nursing body there is great diversity of opinion on the suffrage

question, the members of one group being extreme in their support of it, others being just as extreme in their opposition to it, and still a third group taking a more moderate ground, the editor-in-chief being among the last.

Our correspondence department is open to a free expression of opinion, but it must be understood that the JOURNAL's policy, editorially, must of necessity remain neutral.

WORK FOR ORGANIZATIONS

BEFORE another month our affiliated organizations will have outlined their active work for the winter. October will see state, county, and alumnae associations coming into line with programs of greater or less value according to the preparation of those trusted with the executive guidance of the societies.

There has never been a time when the nursing field has seemed more quiet, a dangerous condition if vigilance is lessened and indifference is allowed to take the place of watchfulness and enthusiasm. But lack of a broader public activity should be turned to account in a more careful administration of the affairs of each separate organization for a sort of family housecleaning.

In the state association, where laws for registration are already in force, the manner in which they are being administered should be carefully studied. The state association that has secured the passage of a law must never for an instant relinquish its right of protest if it finds that political or commercial interests are interfering with its highest and best execution.

Now is the time for a thorough going over of rules and by-laws and of forming new plans that shall be of benefit to those states less fortunate than themselves.

The personnel of the county and alumnae societies should be carefully reviewed. Women of doubtful conduct who may have been allowed to slip in under pressure of the excitement of outside interests should be investigated, disciplined, or dismissed. Only by maintaining a clean membership roll in the local associations can our state and national associations hope to steadily progress. This is a disagreeable duty which must periodically be performed for the preservation of our professional standards. For the sins or indiscretions of a few, the whole nursing body suffers, and the remedy lies with the organizations.

This period of quiescence is also a time when all the associations should devote some part of every meeting to strictly post-graduate study.

The suggestion made in these pages some months ago that the state examination questions be used as a competitive contest, after the order of the old time spelling matches, would freshen up the methods of many a nurse who has been too busy or indifferent to give much time to study, and would also prove an amusing entertainment for half an hour. Moreover, the practical value of the questions would be demonstrated in a way to make criticism of them by the associations of great help to the examiners.

Delegates to the national and state associations should be chosen early in the year and instructed in subjects of business or professional discussion that are likely to arise. The Associated Alumnae is beginning early on its program and asks in this number of the JOURNAL for suggestions. If each affiliated association would send to the chairman of the Program Committee one suggestion, the subjects to be considered would represent broader interests.

Closer conference of the superintendents of nurses in the large centres and a teachers' auxiliary in every state society would give much force to educational progress.

All of these suggestions are taken from work already being done, and we do not offer them as original, but of such practical value that their adoption is recommended.

We have always advocated a broad division of executive responsibility in all organization life. With a monopoly of office, interest dwindles, and personal dictation creeps in. No one group of women and no one section of the country should be permitted to rule for too long a time, even when such groups are the willing workers of the association.

Popular subjects such as local option, suffrage, the Emanuel Church movement, tuberculosis, venereal prophylaxis, and school nursing, which appeal to nurses as citizens should at this time, more than ever before, have a place in the winter's program.

THE END OF A YEAR

WITH this issue the JOURNAL closes its eighth volume and enters upon the coming year practically the property of the Associated Alumnae. Professionally, the JOURNAL has never been in such splendid condition as at this time. Its influence is broader, it is in closer touch with many more lines of work, the support of the profession is more cordially expressed, and its subscription list is larger.

We have assurance that our efforts in behalf of the Red Cross are bringing very material results to that society in more general enrollment

of nurses. The correspondence which is developing in regard to visiting nurse work shows that the JOURNAL is being depended upon more and more in the establishment and conduct of this line of work. The missionary department has been one of the most successful of our new ventures and will be continued on practically the same lines. Through it we have come to realize the greater value of our JOURNAL to nurses living in foreign lands, separated from the professional inspiration which is within such easy reach of those who stay at home.

The two series of articles on diet have created great interest. Miss Wheeler's will be discontinued for the present, and taken up again later. After completing the subject of foods, she will give us some papers on general chemistry to meet the needs of the teaching body, if we have some assurance from instructors of nurses that the subject is desired. Miss Hamman's articles on "Housekeeping for Two" will be continued. Her recipes all have practical value. They have been tested as they came along by a member of the JOURNAL staff and, we doubt not, by many of its readers. Presented without frills, they are absolutely accurate and satisfactory.

NEW LINES OF WORK

Ever since the JOURNAL came into existence it has acted as a free agency for the nurses of the country for almost every need that the profession requires. One of the heaviest duties in connection with it has been to take care of an immense correspondence covering every subject, from the scores of problems of the private nurse to state registration, and the whole circle of the educational side of hospitals and training schools, positions, discipline, courses of study, text-books, books of reference, etc.

It has been decided to add two definite departments to the JOURNAL's already broad field of usefulness. The first is a JOURNAL directory for hospitals and nurses, through which the business manager will, if the response is what is expected, be in a position to place hospitals which need, into communication with nurses who are seeking, positions. The fee must depend upon the amount of time and labor involved in each instance, all such transactions being strictly confidential.

The second is the establishment of an agency for nursing books of all kinds. With the increasing number of text-books now used in different schools, requiring orders to be placed with half a dozen different publishers, the busy superintendent will find the filling of her orders greatly simplified by making up her list and sending it to the business office of the AMERICAN JOURNAL OF NURSING. If her instructions are clear, and the money order drawn to the AMERICAN JOURNAL OF

NURSING, she may be sure of prompt and efficient service. Circulars giving full information in regard to prices and methods of ordering can be obtained by writing to (Miss) M. E. P. Davis, care the AMERICAN JOURNAL OF NURSING, 227 South Sixth Street, Philadelphia.

THE NEEDS OF THE COMING YEAR

One of the needs of the coming year is for more items of hospital and nursing news from all parts of the country. When a subscriber sees nothing from her section and wonders why the JOURNAL isn't interested in the news of her community, let her reflect that it does not depend upon newspapers for its items, that they must all be sent from reliable sources, and that she should immediately constitute herself the representative from her vicinity. Many a woman who feels that she hasn't the time or ability to write a scientific paper can render just as important service to her profession by sending such items.

The JOURNAL editors wish to express their special appreciation of the work of all of those subscribers who have been with them from the beginning, who have been loyal through all the experimental period, and who have been cordial as well as practical in their support. They welcome the new friends with the hope that they may become enrolled permanently in the ranks of the old ones, and they extend to all who have contributed in any way to the JOURNAL's success and support, the thanks which they are not always able to write personally.



THE BABIES' DISPENSARY AND HOSPITAL OF CLEVELAND

BY KATHARINE DEWITT, R.N.

IN Cleveland, Ohio, there exists, still in its infancy, one of the most complete and far-reaching systems for the care of babies that has come to our knowledge. The aim was high at the start, for the institution is called The Babies' Dispensary and Hospital, though as yet only the dispensary exists, and that is housed in a temporary structure. The work done, however, is not to be measured by the size of the place in which it centres and from which it radiates. Its aims may be summed up under one great head,—the care of the baby, sick or well. Under this come the sub-headings which it implies,—the teaching of mothers how to care for their babies, how to bathe them, what to feed them, how to prepare their food and to care for the utensils used; the examination and care of sick babies; the distribution of pure milk; the modification of milk, etc.

Preventive work is not made an after-thought or a side issue, but is distinctly in the foreground. Efforts are made to make the dispensary's existence known and its objects understood throughout all the poorer communities of the city, by means of the visiting nurse association, by means of other charitable agencies, and by means of booklets and circulars printed in five languages. Mothers are urged to bring their well babies to the dispensary a few weeks after birth, that they may be examined and the mother instructed. Later, the baby is brought at regular intervals that its progress may be noted. The gospel of nursing a baby rather than feeding it is preached constantly and mothers too poor to purchase sufficient milk to keep themselves in good nursing condition are helped to obtain an ample supply at reasonable cost or, if needed, it is given.

That this preaching and teaching are bringing results is shown by the following anecdote:

“One mother, learning from the doctor that mother's milk was best for the baby, remembered what he had said when the baby was taken from her and she was sent to the hospital. Here she secretly pumped out her breast into a silk handkerchief which she washed when the water was brought to her bedside. When she returned home after two weeks and the baby was brought back to her, she had sufficient milk to nurse the baby and it is now well and strong.”

Let us go back a bit and see how the work started. In July, 1906, an infants' clinic was started under the auspices of a society called The Milk Fund Association, in connection with the visiting nurse association, whose nurses made the work of great value by following the little patients to their homes to see that directions were carried out. By the end of the summer the work had grown to such an extent that the idea of a permanent dispensary and hospital took shape, and in December, the present organization was incorporated and an appeal for funds to equip and carry on the work was made to the public. Enough money was secured to purchase land on East 35th Street, a place sufficiently clean and quiet for such work, and yet accessible by cars. Several old wooden houses were standing on the property, and one of these was remodelled to serve as a temporary dispensary. It has been made both convenient and comfortable and is, in some ways, admirably adapted for its present use, for it is possible to isolate doubtful cases. It contains a clerk's room, two waiting rooms, three examining rooms, a weighing room, a bath room, a small isolation room, and a milk laboratory. The latter consists of two connecting rooms on the ground floor, one for cleaning and sterilizing bottles, the other for modifying milk. The dispensary hours are from 1:30 to 2:30 P.M. daily, except Sundays and holidays.

The working staff, at this time, consists of a medical director, who gives his entire time to the work, six assistant physicians, one of whom visits in the home if the baby is too ill to be brought to the dispensary, and four nurses, who are no longer connected with the visiting nurse association, as their entire time is needed here. One nurse remains at headquarters, the others visit in the homes of the babies who have been brought for treatment or inspection. The daily average attendance at the dispensary last summer was fifteen. The highest number for one day was 28; for one month (August), 418. This year, in June, the daily average was 28, the highest number for one day was 57. The attendance for the month was 715, 166 new babies being registered; 2150 milk deliveries were made in June.

There is in the dispensary an emergency room, where babies desperately ill may be kept and cared for, but, as a rule, a baby needing constant care is sent to one of the city hospitals.

A large supply of all baby necessities is kept on hand, from bottles and nipples to clothing and diapers, which are supplied to the mothers at nominal cost, as the idea is not to pauperize, but to educate and help. When clothing is loaned, it is with the distinct understanding that it must be washed and ironed before being returned. Very often the clothing must be rewashed, but it is found that the mothers set greater



CLERK'S ROOM



NURSE TEACHING A MOTHER TO BATHE A BABY



NURSE INSTRUCTING MOTHERS HOW TO CLEAN BOTTLES AND NIPPLES



NURSE DISTRIBUTING EDUCATIONAL CIRCULARS TO MOTHERS IN A CONGESTED DISTRICT

value on articles which must be well cared for. A strict account of all loans and purchases is kept,—indeed for the soul that delights in records here is a most systematic and complete assortment.

The mother, the baby, and the doctor are all kept in touch with each other, and any baby's history may be readily looked up. The baby's chart is kept in an index file and gives a statement of its condition on entering, with a record, and a weight chart. The report of the nurse, which fits inside that of the doctor, gives space for home conditions such as occupation, income, material circumstances, charitable aid, sanitary condition of house, Are instructions followed? If not, why?, ice or ice box available, etc.

There is a smaller card system for use in quick reference which has interesting headings under diagnosis,—“primary, subsequent and final” showing that recognition is given to the fact that in dealing with babies we learn much from experience.

Where artificial feeding is necessary, and the mother has sufficient intelligence to prepare the food at home after being taught,—a diet slip is used with directions very plainly given.

In visiting this dispensary, I was impressed with the delightful air of warm human interest in all the work, quite opposed to any institutional savor. The medical report of last year closed with the statement that the work of the nursing, clerking and cleaning staff had not been measured by hours but by interest. People of all classes in the city are interested in the work and are doing what they can to help it along; every one seems to know about it. As far out as Mentor, I found a small boy cultivating radishes and selling them at exorbitant rates to his mother, “for the babies.”

The plans for the hoped-for hospital are most complete and interesting, and it is so much needed, and Cleveland is so noted for its public spirit in charitable lines, that we hope before long we shall be able to describe the buildings in detail as no longer being on paper but actually under way.



DEAR subscribers, when you are writing for change of address, please don't forget that the “other fellow” has to hunt for “a needle in a bottle of hay” if you fail to mention your old address as well as the new one.

A GRADED REGISTRY

BY THERESA ERICKSEN, R.N.

Graduate of the Northwestern Hospital, Minneapolis

I HAVE for a number of years wondered whether there would ever come a time, when we, as members of a nursing profession, would be able to centralize all nursing done for hire, be it done by our competent graduate or by any one as a means of livelihood. In small towns serious cases are looked after only too often by very incompetent people, yet some of these practical nurses, as they call themselves, are very good women and should be allowed a license, provided they would be willing to be guided by a regulated system, such as a graded registry might afford.

At the end of our very delightful convention week in San Francisco this last May, a side trip up Mt. Tamalpais was taken, during which it was my pleasure to sit next to Mrs. E. G. Fournier of Indiana, a woman whom so many had listened to with respect for her sensible, and practical remarks. In talking with her, I found that she, also, had thought a good deal about this problem, and she suggested that I put my ideas on paper and see what the different state boards would think of graded registries.

I will try and make my plan as simple as possible and would suggest that we should have three classes of licensed nurses.

Class I belongs to our graduate nurse; she should at all times come first; she is the only one who has every right to charge twenty-five or thirty dollars a week. There is no need to go into details about her status, the fact that she is a graduate from a recognized school and a member of her state or county association entitles her to all we can give her.

Class II should include any women with good moral character who have had some practical experience in nursing, partly trained nurses, who for some good reason were unable to finish their course of training. Such women should be allowed a license under the title of Nurse's Assistant, with a lower salary, under present conditions about ten dollars a week. This assistant should be privileged to come to the local registry for guidance or instruction if needed. She should be expected to carry out a physician's orders correctly where a graduate nurse cannot be had, and to assist when two nurses are needed on a case. It seems to me it

would be a help to have one of these assistants with us, when it is absolutely out of the question for the people to pay two graduates. Such an assistant might do very nicely after we leave a case, if the patient needs assistance yet for some time. Money would be saved for our patients and yet nothing taken away from our own honor. By this we would grant a good deserving woman a lawful right to make a living.

The assistant might wear a uniform, such as a plain light gray gingham dress, white collar, and white bib apron. An inexpensive pin might be issued with the letters N.A. (Nurse's Assistant) on it.

Class III should include such women as can testify to good moral character, although they may know very little or nothing at all about nursing, but who are willing to be taught. We often hear of young girls who have nearly finished high school but for some reason must start out to earn something at once. They may wish to enter a training school but are not old enough to do so. This I think is the reason so many fall prey to the correspondence school. If such an one is tactful, strong, and, in fact, has all these qualifications expected of a pupil nurse, except that she is too young, she might make a good helper. If such a young girl were allowed to register as Nurse's Helper for a year or two under a salary of say five dollars a week until she can enter a good training school this may help do away with the correspondence schools altogether. The Nurse's Helper should also have a uniform, plain light or dark blue gingham, with white collar and bib apron, and to her should also be issued a pin with the letters N.H. (Nurse's Helper). I draw special attention to the pins as these would help both second and third class nurses to protect themselves. Caps should not be worn by any class except the first.

Everywhere is demonstrated the fact that many women not registered are nursing, and if their employers pay them as much or nearly as much as the graduate nurse is paid, who then has any right to say a word. When women not trained can earn such good wages and be kept as busy as they are,—by the doctors and patients,—it is surely no great wonder that our training schools are short of pupils, for it really seems foolish to spend three years in a hospital without pay, if one can nurse without training and receive from fifteen to twenty dollars a week.

I feel confident that should the time come when we can, through our local registries, obtain licensed assistants and helpers, things would soon adjust themselves better all round.

The public would soon see the difference. The care of the sick would virtually be in our hands. The questions who shall or shall not look after the poor and middle class sick in our communities would then

be answered. As soon as such patients could do with a trustworthy assistant, that we or rather our registry was responsible for, expenses of illness would be reduced.

Many of our deserving sick with moderate means cannot afford a graduate nurse more than one or two weeks, and if a nurse when she left could direct a second or third class nurse to take her place, knowing that her patient would continue to do well, it would be a great relief to a conscientious nurse.

The Nurse's Helper we would have to teach some. This could be done in somewhat the same way as a head nurse teaches a pupil the simple rudiments of nursing during the first three or four months in the training school. I would not advocate that a helper should be left to care for a patient in our absence, unless she should prove especially trustworthy.

SOME PHASES OF SCHOOL NURSING *

By LINA L. ROGERS, R.N.

Supervising School Nurse, New York City

THE New York Board of Health first considered the extension of the already existing system of medical inspection of public schools, by the establishment of a corps of nurses, in October, 1902.

After a month's experimental work made by one nurse as a demonstration, the results were considered so satisfactory that twelve nurses were appointed, and following the report of this month's work with twelve nurses in forty-eight schools (four schools for each nurse), the Board of Health considered that the work had passed the experimental stage and had fully demonstrated its practical value as a supplement to the medical inspectors. It was seen that the work of the nurses connected the efforts of the Department of Health with the homes of the children, this supplying the link needed to complete the chain of medical inspection.

As will be seen by studying the early reports of medical inspection, the objective point in the system was *exclusion*. The child was excluded from school, the object being to protect the children *in* school. It is true a number of details looking toward the care of the individual child were in practice. The Department of Health, while not prescribing treatment, gave an exclusion card stating the diagnosis. It was supposed in this

* Read at the eleventh annual convention of the Nurses' Associated Alumnae, May, 1908.

way the necessary medical treatment would be secured by the parents. However, from the standpoint of the Department of Education, serious difficulties were soon apparent, resulting from the policy of exclusion. In many cases the excluded children, not fully understanding the instructions, played on the street with their companions as they came out of school and lost or destroyed the cards. In other instances the cards were taken home, but the parents, often ignorant of the English language, did not understand what the child tried to explain and the Latin names were quite uncomprehended. The result was that the majority of such cases received no treatment, especially when the complaints were of an inconspicuous nature and were not considered serious by the parents, such as skin diseases, eye and scalp troubles. In many instances the cards were never looked at, but remained in their sealed envelopes while the child played on the street. Under this system, the number excluded was 10,567 for the month of September, 1902. During the same month in 1903, with the nurses in the schools, only 1101 were excluded. From these numbers, it can be estimated what a serious loss of school time was suffered by the very children who could least afford to lose their schooling, as they belong, almost all, to that class of wage earners who are legally allowed to work at the age of fourteen.

The Department of Health fully realized this aspect of the case and, sympathizing with the Department of Education in the problem of the children's school life, concluded that by using the practical services of the nurse, under a thorough system, the old policy of exclusion might be safely reversed in a large majority of cases and the number of children excluded be reduced very materially. The official figures for the quarter ending December 3, 1903, show that four hundred would be the actual number of exclusions as against 24,538 under the old system. With this purpose in view, keeping in mind not only the health but the education of the child, the former policy of ordering no treatment was also modified and the nurse was instructed by the orders of the Department of Health to give specified local treatment in all cases, which, with care and daily supervision, might safely remain in school. Thus, to illustrate, a case of ringworm which was formerly sent out of school is now retained, being considered innocuous under the care prescribed by the department. At the request of the Board of Health, the Board of Estimate and Apportionment appropriated \$30,000 for 1903, to extend the nursing service and place it on a more definite basis. This provided a staff of twenty-seven nurses at a salary of nine hundred dollars each per year, under one supervising nurse, the nurses providing their own board, lodging and current expenses. Eighty-seven schools

were added, making a total of one hundred and twenty-nine (one hundred and twenty-five public and four parochial schools) with an attendance of 219,239 pupils. Schools were selected according to the number of exclusions under the old system. New ones were added as requests came from the medical inspectors and principals of schools, or as the staff of nurses was increased.

The staff was organized and the duties of nurses decided upon as follows: The nurse receives from the supervising nurse the following information. The schools in which she is to perform her duties and the hours for visiting each school. On entering the school for the first time, she reports to the principal and obtains a place in which to work and the method for receiving the children designated by the medical inspector.

The doctor is interviewed and the details obtained from his cards. These cards give the following information: Name of child, disease, date when ordered under treatment, date of exclusion, date of readmission. The nurse keeps a duplicate set of cards for her own use. A code system was devised by which numbers could be used instead of the name of the disease, and reads as follows:

CODE.

- | | |
|------------------------|----------------------------|
| 1. Diphtheria. | 12. Varicella. |
| 2. Pediculosis. | 13. Pertussis. |
| 3. Tonsillitis. | 14. Mumps. |
| 4. Pediculosis. | 15. Zero. |
| 5. Ac. Conjunctivitis. | 16. Scabies. |
| 6. Pediculosis. | 17. Ringworm. |
| 7. Trachoma. | 18. Impetigo. |
| 8. Pediculosis. | 19. Favus. |
| 9. Zero. | 20. Molluscum Contagiosum. |
| 10. Scarlet Fever. | 21. Ac. Coryza. |
| 11. Measles. | |

The zero numbers are given to children having no disease so that all may be treated in the same manner.

Cards are kept for each class, and while the nurse prepares the "dressing table," a monitor is sent for a limited number of children. While these are being treated, others are sent for, each child returning to classroom as soon as cared for, thus preventing delay and confusion.

The course of treatment is outlined by the Department of Health and is as follows:

Pediculosis.—Saturate head and hair with equal parts kerosene and sweet oil, next day wash with solution of potassium carbonate (one tea-

spoonful to one quart of water) followed by soap and water. To remove "nits" use *hot vinegar*.

Favus, Ringworm of Scalp.—Mild cases: Scrub with tincture green soap, epilate, cover with flexible collodion. Severe cases: Scrub with tincture green soap, epilate, paint with tincture iodine and cover with flexible collodion.

Ringworm of Face and Body.—Wash with tincture green soap and cover with flexible collodion.

Scabies.—Scrub with tincture green soap, apply sulphur ointment.

Impetigo.—Remove crusts with tincture green soap, apply white precipitate ointment (ammon. hydrarg.).

Molluscum Contagiosum.—Express contents, apply tincture iodine on cotton toothpick probe.

Conjunctivitis.—Irrigate with solution of boric acid.

The supplies used by the nurses are provided by the Department of Education, and are as follows:

1 screen.	Boracic acid powder.
1 cabinet.	Tr. green soap.
2 chairs (1 high).	Collodion
1 table.	Vaseline.
1 scrap basket.	White precipitate ointment.
12 towels.	2 basins (white granite).
Absorbent cotton.	1 glass jar (1 gallon).
Absorbent gauze.	1 ointment jar (glass).
Bandages.	Bichloride mercury tablets.

These are ordered on regular requisitions by the principals of the schools and forwarded to the Department of Education, each school receiving only what is necessary for its own particular use.

The supervising nurse has entire charge of the school nurses, and is responsible for the efficiency and character of the work performed by each nurse, in all boroughs of the city. It is her duty to make arrangements for beginning work in the schools and to see that the necessary supplies are provided by the Department of Education. She also regulates the proper amount of work for each nurse, making whatever changes and transfers are necessary, and inspects the work of each.

The supervising nurse receives the weekly written report of each nurse, which she examines and corrects, before making a general summary which is forwarded to the chief inspector. The nurses report to her once a week in person. Applications for the position of school nurse are made to the supervising nurse, who interviews each applicant and

obtains credentials which she investigates, and forwards result of investigations, with her recommendations to the Board of Health.

To facilitate the smooth running of the medical inspection, there was adopted what is known as the "card index" system, a detailed account of which is given in Dr. Darlington's paper on "Precautions Used by the New York City Department of Health to Prevent the Spread of Contagious Disease in the Schools of the City," from the *Medical News*, January 21, 1905.

A list of the names of children excluded by the medical inspector is left with the clerk in the school. This keeps the school supplied with accurate records of children absent on account of illness. Before leaving the school, the nurse obtains a copy of this list and subsequently visits each child in his home. This part of the work of the school nurses is by far the most important in its direct results, and most far reaching in its direct influence. In the first visits made by the nurses it was amply proven how often the benefits were defeated by the ignorance of the parents. The nurses found the unopened cards behind clocks and on the mantel shelves, they detected the unsanitary conditions which were propagating the very troubles the children were being excluded for:—the whole family using the same towel and other linen, where the child was excluded from school with contagious eye trouble; children not at school equally suffering with pediculosis capitis, the mothers not realizing that it was useless to keep the school child clean if all the others in the family were neglected. Cases were found where the child sent home from school with severe forms of scabies was helping to finish and carry the bundles of sweat shop clothing; bad conditions of drains and sewers, filthy conditions of yards, where delicate children played. Moreover, the nurses discovered many cases of contagious illness. One such illness was that where a nurse, on entering a room without a window, found what seemed to be a bundle of rags on a cot. Upon investigation, she found a man in the last stages of tuberculosis. With such conditions in the homes, it is obvious to all that the work done in the school only must fail to have any real preventive character. The care given to the children in the schools is the ameliorative—that given in the homes the preventive part of the whole.

The nurse's first duty is to explain why the child has been sent home and what is to be done. She instructs the mother and, where necessary, gives practical demonstration. She impresses on the parents the importance of having medical advice, and suggests calling the family physician. If too poor to pay a physician, the proper dispensary is indicated. Her opportunities for advising the family are manifold,

as are also those of reporting to the proper authorities unsanitary conditions and non-observances of the law. When the mother is overburdened with work, or where there are smaller children who cannot be left alone, the nurses make arrangements to have the children taken to the dispensary to ensure the treatment being given. As soon as evidence of treatment can be shown, the child is allowed to return to school, except in extreme cases. The latter are kept on a separate list, and are visited from time to time until able to return.

The experience of the time shows that this careful detail work amply justifies itself by its results.

Pediculosis has almost entirely disappeared where nurses are in attendance at schools.

Some parents at the onset were suspicious and defiant until shown the intentions of the Department of Health. One mother, for instance, was indignant when she learned from her son that "his eyes had to be taken out and scraped." The nurse on entering this home was greeted with a tirade of abuse but, after holding her ground, succeeded in making the explanation with the result that the mother not only consented to have the boy operated on, but invited the nurse to take tea. The general attitude of the poor, however, is that of appreciation as is shown by the following note:

"We are very much obliged to you for dealing so kindly with us, by not sending Sadie home. I am busy working in the store from early morning to late in the night. I will put this salve on her head every night till it is cured."

In 1904, the work was extended, and fifty-two schools were added. The staff of nurses was increased to thirty-three. The general plan of the work remained the same.

In 1905, the staff of nurses was increased to forty-four; one hundred and eighty-one public schools were given into their charge.

Nurses are also assigned to twenty parochial schools and three industrial schools which are under separate management. Parochial schools are supported by the Church, and industrial schools by Boards of Trustees, the Department of Education allowing fifteen dollars (\$15) per capita.

With the purpose of relieving the physicians in the schools of as much routine duty, and giving them as much time as possible for the physical examinations, the nurses were given charge of the routine inspection. This consists of a class to class examination which is done systematically and regularly. The children pass before the nurse, pulling down their eyelids as they pass, the condition of the hands being noted

at the same time; the throat and hair are examined also. The names of those requiring treatment are written on the cards and cared for as their conditions indicate. Before leaving the classroom the nurse gives a few words of general instruction to the children, in regard to regular bathing, hair combing, cleansing teeth and nails, and the proper clothing to wear. The cards are then left for the medical inspector, who fills in the diagnosis when making his morning inspection next day. The nurses, however, have complete charge of the pediculosis cases, and do not refer those to the doctor.

Each nurse is given a group of from two to five schools, or possibly more. The locality, condition of children, and the number in school are taken into consideration in making the selection.

The number of children which one nurse can properly examine each week and take care of is about three thousand. Where conditions are bad, the routine examination should be made every week. In other localities, every second week is sufficient. In 1907, through the efforts of the nurses in the schools, 1,435 pair of glasses were obtained for children with defective vision; 899 operations for adenoids and enlarged tonsils; 262 cases of contagious disease found not reported, and 275 cases referred to the relief societies.

The system as it is carried out at present may be summed up in a few words. A nurse assigned to two schools of 2,000 children each, makes the following routine:

She reports at the first school at 9 o'clock, and from that time until 11 o'clock makes as many classroom inspections as possible. Then she proceeds to the dressing room and from 11 to 12 o'clock treats all cases found during the inspection, and any others who come for daily dressings. Instructions are given to those whose condition does not demand treating. In the afternoon the same program is carried out. When school closes, at 3 P.M., the nurse makes the home visits, five being considered the average for each day. When this is finished, the report is made on a special card and forwarded to the supervising nurse.

Besides New York, several cities have nurses. Boston has twenty-nine nurses; Philadelphia, six; Baltimore, five; and Grand Rapids, five.

Your own beautiful west is not behind, except in numbers, for Los Angeles has three school nurses; Seattle, two; and many other cities are experimenting with a view to making this service part of the medical inspection. The principals tell us that the condition in the school is one hundred per cent. better, and that the attendance has increased seventy-five per cent. What better demonstration can be given of the

importance of keeping the children in a good physical condition, to insure a proper frame of mind to receive the knowledge so freely imparted in the schools?

Since the foregoing was written medical inspection has made a rapid stride in New York City.

An experiment was made during the last six weeks of the school term just closed, to show what results could be obtained by the concentrated efforts of one doctor and one nurse assigned to a single school. The doctor made a thorough physical examination of fifteen children each day, recording the defects found, on cards arranged for the purpose, and turned them over to the nurse.

The nurse, in the meantime, made a classroom inspection and treated those who required slight care and who had seen the doctor for diagnosis. The time required for this was about one and one-half hours, after which the nurse was free to investigate the cases given to her that day by the doctor. The rest of the day was spent in interviewing the parents of the children with physical defects and obtaining their promise to have the defect remedied. The parents who could come to the school to see the nurse did so, as many as eight or ten fathers and mothers coming at one time and waiting to find out just what his or her child required. Many of them said they would take the child at once and get treatment, or would ask the nurse to do so, giving reasons for their inability to attend to it themselves. Written requests were required from parents before the nurse took any child to a dispensary for treatment.

The principal defects met with were enlarged tonsils, adenoids, defective vision, bad teeth and anæmia.

Three schools were selected and in each five hundred children were examined. Over seventy-five per cent. were found to be below the normal condition. Nearly all were gotten under treatment; some parents asked to be allowed to wait until vacation so that the child would not lose classes. One child was found in need of operation for enlarged tonsils and adenoids; required glasses for defective vision; had several teeth to be filled or extracted; and had anæmia and weak lungs. One visit does not always mean good results. Sometimes as many as five visits have to be made before parents realize the importance of having medical care.

An interesting feature is the lack of dispensary accommodation. One nurse found that she could not get treatment for all the children she took, though she was making use of four different dispensaries. Each said she was bringing too many and the regular patients were being excluded.

The experiment has proved to be of such tremendous importance that it is hoped to have a large enough staff to carry it on when school opens in September.

I hope to see school dispensaries established where children may be sent directly from school. The hours should be arranged so that there will be no loss of school time for the children and where our own physicians and nurses will be in attendance. Every one then connected with the work would have the same interest and the responsibility could not be shifted from one division to another.

THE NURSE'S MANAGEMENT OF SHOCK AND HEMORRHAGE

By MARIE LOUIS, R.N.

Graduate of Bellevue Hospital, New York

THERE is probably no emergency in which presence of mind on the part of the nurse is so necessary as in a case of hemorrhage, which is usually accompanied by a greater or less degree of shock.

The experienced, watchful nurse will quickly recognize the symptoms of shock and hemorrhage, and will put forth every effort to do all in her power in behalf of the patient, until medical aid arrives.

The nurse must work quickly and quietly, dismiss every one from the room who cannot be of intelligent assistance, and she should in no way impart to the patient the serious nature of his or her condition.

Post-operative hemorrhage is frequently complicated by shock, and may be either internal or external. If internal, it can be recognized only by the patient's general condition. The principal symptoms are: restlessness, rapid weak pulse, sighing respirations, anxious expression, cold, moist skin, thirst, longing for fresh air, falling temperature, and increasing pallor. In extreme cases there are ringing in the ears, inability to articulate, and if bleeding cannot *then* be controlled, the patient passes into a state of syncope, and death may ensue in less than five minutes.

In all cases of external hemorrhage the most important matter is to control the hemorrhage itself; this can usually be accomplished by position and direct pressure, which can be maintained until the arrival of surgical aid.

If hemorrhage is intra-abdominal, elevate the foot of the bed, thus bringing more blood to the vital organs. The body temperature should be maintained by the application of external heat. This may be effected by placing heated bricks, flat irons or plates, wrapped in old pieces of

flannel, about the patient. Extra blankets should be used, and every possible means practised to restore warmth to the body.

Should the patient be very restless, morphine gr. $\frac{1}{6}$ may be given hypodermatically to quiet him. As a rule, it is not advisable to give stimulants, as they increase the blood-pressure, and in this way encourage further loss of blood.

In cases of postpartum hemorrhage, the nurse may not only make use of the preceding treatment, but she will be able to attack the seat of trouble directly, by making use of the well-known Credé's method, by grasping the fundus of the uterus through the abdominal wall, and firmly kneading the same. In regard to medicinal treatment, ergot in dram doses every half hour S.O.S. is probably the most efficient means by which the uterus can be encouraged to contract. A saline douche, 120°F., frequently proves a good hemostatic. If, in spite of these measures the bleeding continues, the uterus may be packed tightly with sterile gauze; this, however, should not be done by the nurse unless the patient's life is in danger.

In shock *alone*, symptoms and treatment differ somewhat from those we have previously described.

The patient lies in a helpless condition, the skin is pale, and feels cold and clammy to the touch, the pulse is rapid and feeble, the respirations are slow and shallow, and the temperature is frequently subnormal. The entire muscular system is in a state of relaxation, and there may also be a partial loss of consciousness, whereas in hemorrhage the patient's mind remains clear until the condition becomes grave.

To combat shock, stimulation is indicated at once. Whiskey or brandy one-half to one ounce in six ounces of hot normal saline, may be given per rectum, or strong black coffee may be substituted. The patient should be kept warm by applications of external heat. Friction will frequently help the lagging circulation when applied to the extremities, rubbing always toward the heart. The foot of the bed should be elevated, in order to assist the return flow of blood from the lower extremities.

In all cases of severe shock and hemorrhage the nurse should have on hand plenty of hot and cold sterile salt solution, and prepare for intravenous infusion, in order that no time may be lost on the arrival of the physician.

Hemorrhage and shock are among the serious conditions which may occur at any time or place. Frequently the doctor is not immediately available, and under these circumstances, the presence of a trained nurse, who is prepared to bring first aid, may save a life.

ERYSIPELAS—A FEW OBSERVATIONS

By STELLA KATHLEEN KENNY, R.N.

Graduate of Methodist Episcopal Hospital, Brooklyn, N Y.

WE read from time to time interesting papers on obstetrics, typhoid, and other departments of nursing too numerous to mention, but I don't remember having seen anything about erysipelas. Fate having frequently led me into its paths, I have become pretty well acquainted with it, more so than with anything else during my brief career as a private nurse,—with the exception of obstetrics,—so I have here jotted down a few observations, hoping that there may be something among them of interest to some one else.

Erysipelas, otherwise known as rose, St. Anthony's fire, is recognized in two ways: *traumatic*, which occurs in connection with some wound or external injury, and may thus affect any part of the body; or *idiopathic*, in which no connection of this kind can be traced, but where it seems to arise spontaneously and most commonly affects the face and head, but it is believed by some authorities that in almost every case some slight abrasion of the skin too trifling to be noticed, is the starting point. It is still a disputed question whether erysipelas is to be regarded as an eruptive fever as scarlet fever, measles, etc., or a local inflammatory condition of the skin, fever being secondary. The latter theory seems to have gained greater favor, one point in evidence being that an attack of erysipelas predisposes to a second one. Such is not the case in the eruptive fevers.

The *idiopathic*,—to which I shall principally confine my remarks,—frequently follows a low condition of health or some other illness, and usually commences with the patient's complaining of feeling sick, languid, drowsy, etc., followed by a local condition showing a red, painful swelling on the side of the nose, cheek or ear. This spreads very rapidly over the same side of the face, crossing, probably next day, to the other side. The features become greatly swollen and distorted, the eyelids swelling so that the patient may be blind for a couple of days.

Though the death-rate is low, serious and sometimes fatal results have occurred from inflammation of the membranes of the brain, and death has been reported from suffocation, the inflammation having spread into and down the throat. Invariably the mouth is affected and will require frequent cleansing,—a mild solution of peroxide and soda is useful here,—and the eyes are relieved by bathing with boric acid solution.

As it spreads over the new area it gradually dies away on the original site, much as a field afire. On one case (following mastoiditis) the affection, which had in turn involved either ear and back of the head (I have still a very vivid recollection of the patient's misery trying to lie in the least agonizing position), and having completed the circle, again reached the original ear, and started again on its round. On the doctor's appearance, remarking my discouragement, he consoled me with the comforting manner of Job's friends by saying: "Don't feel discouraged, I have seen it go around the head three times." I am thankful to state that his statement has been the extent of any such experience for me, the case in question subsiding with a second invasion of the ear and cheek.

Sometimes pus will appear in the form of pustules. I remember one case in which the patient was very badly pitted from smallpox, the pits forming a favorable ground for this condition. The pustules were opened with a needle and freely bathed with bichloride solution.

It frequently behaves in a very obstinate manner and till I became better acquainted with it, disappointed me several times by breaking out afresh, when I thought the fire was out,—in one case the temperature rose to 104° from 99° in one day.

The question has been raised as to the result of erysipelas on the hair. I have heard of one case where the inflammation spread into the hair, and the skin came off in large patches, bringing the hair with it and leaving the patient bald, the condition requiring the use of a wig for some time. In my own experience there was only one patient whose hair was affected, and it had begun to fall after the bandages were removed for mastoiditis, before the erysipelas set in, so it is impossible to say how much of the condition was due to the erysipelas.

Treatment.—The treatment, of course, to a large extent depends on the attending physician, but ichthyol, either in solution or ointment, is invariably used locally. The solution has the advantage of drying before the lint need be applied, and in that way the lint does not absorb the solution away from the area, nor does it stick, as does the ointment, though that condition can be overcome by soaking the dressing with warm water before removal. The area is carefully cleansed with warm water and absorbent cotton, the greatest care and most gentle touch being exercised, as to touch the surface is torture; the ichthyol is most generously applied, extending an inch or so beyond the line, in the endeavor to check the spread, then covered with lint, a mask being made for the face. As every one knows who has used it, ichthyol is rather detrimental to good linen, so old linen and night clothes are invaluable.

I have sometimes found a piece of new, unbleached muslin laid over the pillow of great service in protecting pillow and case, as it does not readily absorb, and if the patient's head is bandaged he will not notice the texture of the muslin.

Painting a line around the surface with iodine at a distance of several inches has been frequently done to prevent the spread, but that plan often fails, and in one case though a weak solution was used at a distance of six or eight inches, it caused the patient severe pain. I suppose the entire skin was sensitive. In another case, by the patient's request the doctor allowed it, and the mental relief, if not physical, was quite marked.

Credé's ointment by inunction has been prescribed by one physician, and whether for that reason or some other, the fact remains that the cases in which it was used made a much more rapid recovery than any others. The ointment was used for a systemic effect in conjunction with the ichthyol locally.

Iron is frequently prescribed, which will likely call for catharsis. Gastric disturbances are not infrequent, and considerable distress may be added by abdominal gas, one patient frequently averring that she experienced more relief from enemata given for that cause than almost any other part of her treatment. The patient usually suffers intensely at the onset, and experience has taught me to ask the physician for a hypnotic for the first one or two nights.

As to diet, that will also depend on the physician in charge. Some doctors only allow fluids as long as the temperature is elevated; but others will allow anything the patient can take, the condition of the mouth and general feeling of abject wretchedness reducing it to a very light bill of fare; but it is desirable that as much nourishment as possible be taken.

The disease arises very rapidly and disappears quickly, though it may not seem so at the time, the most of it usually being over in a week or ten days; and as the inflammation dies away, the skin is left in a stretched, scaly condition, which a liberal supply of cold cream applied nightly will remedy.

It is not certain that the disease, in its idiopathic form, is contagious to persons having no wound or abrasion, but we should take no chances on laying ourselves open to infection or in spreading it to others. Our good friend, the old newspaper, in which to wrap dressings for the furnace, will again prove a friend in need, and antiseptic measures in the case of nurse's hands and of the patient's clothes and bedding will, of course, be observed. The room should also be fumigated. After a

disinfecting bath and shampoo, the patient may emerge with a more beautiful complexion than she ever had before. One woman did tell me that she would be *almost* willing to go through a second attack for the benefit of her complexion, but I think most of us who have seen it, will be willing to live along with the one we have, rather than pay the price.

It is a most loathsome disease, but is rather interesting to watch, and one that, I think, repays the nurse well for her care.

THE NURSE AS AN ANÆSTHETIST

By J. M. BALDY, M.D.

(The following extract from the address of the president of the American Gynæcological Society, delivered at its meeting in Philadelphia in May, is kindly sent us by Dr. Baldy who believes that nurses as well as physicians would do well to consider its suggestions. In the opening sentences of the address there are a few words in regard to the depletion of the ranks of physicians by death and retirement and the necessity for bringing in new recruits as workers, which are applicable to the nursing profession also.—ED.)

THE general administration of anæsthetics as performed today is the shame of modern surgery, is a disgrace to a learned profession and if the full unvarnished truth concerning it were known to the laity at large, it would be but a short while before it were interfered with by legislative means—and properly so. In the traditions of our profession the poor receive as good service as the rich, so in the matter of anæsthetics is this true only with this difference: in the first instance they both receive the best that is in us, in the latter they both receive the worst. Who of you is not familiar with the patient coming for a possible operation whose one dread is the approaching anæsthetic, a dread born of a past personal experience or the experience of a friend? Who of you is not familiar with the terrible struggle for breath so common to the etherizing room of the past, the congested blackened face, the prolonged anæsthesia, the patient only partly relaxed, the delay in the operation, the difficulties of the manipulation after an operation begun, the heartsickness at a difficult and delicate operation made doubly and trebly so from the unnecessary chances of sepsis, hemorrhage and shock, the feeling of a patient lost from no lack of skill of your own, the slipping of a ligature and a secondary operation or death, the immediate death on the table from failure of the heart, drowning due to inspired sputum, the vomiting on the operating table to the detriment of the

operation, the prolonged after-period of nausea and vomiting to the great suffering and misery of the patient, the inspiration pneumonia and other pulmonary complications, the nephritis and urinary suppressions all due in great part to faulty anæsthesia? How many deaths at the time of the operation, shortly after operation, or some days or weeks later are due to the same cause? What relation does the anæsthetic bear to the large group of pulmonary complications reported from so many different sources and what is its relation to the thromboses and embolisms which have in the past caused so much suffering and disaster? What of the fatty degenerations of the liver, heart, and kidneys? Who can tell? This fact is certain, however, more deaths following operations are due directly and indirectly to the administration of the anæsthetic than the profession in the past has dreamed of. Wherein lies the fault and where is the remedy? The present long-established and time-honored custom of having the anæsthetic administered in hospitals by the resident physicians, in private homes by any available doctor in the neighborhood, is to be condemned. The man who is able and ready to pay any amount of money for the services of the most skilful surgeon available has his life and those of his family unknowingly put at the mercy of a boy just from his books with absolutely no practical knowledge of anæsthetics and with less teaching. One has only to recall his own experience and feelings during the first few weeks of his apprenticeship at anæsthesia to realize how thoroughly at the mercy of chance was the survival of the patient and how utterly helpless he would have been had anything gone wrong. Is it an exaggeration then to call such a condition a disgrace to the profession of medicine?

Who is to blame for this state of affairs? The young men to whom the anæsthetic is relegated? By no means. As a rule they are a hard-working, well-meaning and enthusiastic body of men eager for knowledge and faithful to every trust. The anæsthetic is placed in their hands and they do the best they know how and are in no way to be blamed if, although ignorant and inexperienced, they are placed in a position of trust in the operating room second in importance only to that of the surgeon. Are hospital managers at fault? It would seem not. They accept the customs of the past as they find them, and if the medical men on whom they depend for instruction in medical matters are so derelict in their observation, knowledge, and duty as to remain content, who can find fault with the hospital management? Who then is at fault in this most grave matter? We ourselves, and we alone, members of the medical profession. We have remained too long bound by the traditions of the dark ages of surgery, we have so devoted our attention

to the discovery of new operations and to the development of their technic that we have too long forgotten one of the most vital points in our operating rooms. Unless we arise shortly to the importance of this reform, ourselves, an awakened public opinion will take charge of the matter and legislate us into a safer position. Fortunately the reform is in sight. Occasionally we hear an isolated voice raised against the continuation of this state of affairs, a protest which is lost in the general activities of professional life. In a few bright spots we see an effort made to reform with an isolated hospital here or there employing a salaried anæsthetizer. And herein lies the remedy,—a salaried anæsthetizer in each and every hospital in the land with a salary of sufficient size to attract to the service men of proper intelligence.

Dollars and cents will be an important item in the success of this movement and a sufficient sum to entice a young man of brains for any great number of years away from a full professional life with all its rewards will be found difficult to raise. Fortunately, however, woman offers a solution to the problem. The qualities of a woman are just those requisite to quiet and soothe a frightened or timid patient approaching the anæsthetic and she is the better qualified to devote her whole attention to her work from the fact of her having no ambition to do surgery and therefore having less incentive to neglect her anæsthetic in order to watch the manipulation of the surgeon. In addition, is not her very timidity an advantage in that it makes her realize more fully her responsibilities and keeps her more attentive? And finally an amount of salary which will prove attractive and permanently remunerative to her would be no temptation to a physician who had the fuller field of professional remuneration ahead of him should he prove a success. Women have been tried in this capacity with the greatest success and the matter is beyond the experimental stage. Many brainy women, fully capable of being trained to this responsible position, have entered the nursing profession and it is from this source we may look for a solution of our difficulties. Women are being tried and are proving most satisfactory as anæsthetists, and it will be a bright day of advance in the technic of the operating room when their services are more generally adopted. It is only those of us who have been so fortunate as to have at our service a skilful and competent anæsthetizer who can fully appreciate the difference in results both as to the satisfaction of doing our work, the celerity and safety of its execution, and the comfort and safety of the patient both during and after the operation. It behooves the medical profession to arouse itself to the importance of this reform before the public fully realizes the situation and takes the matter into

its own hands. And it is befitting us as a scientific and surgical body to once more take the lead and point the way to the surgical world to the one great reform remaining in the perfection of our technic.

LESSONS IN DIETETICS

BY MARY C. WHEELER

Graduate of the Illinois Training School for Nurses and the Hospital Economics Course; Superintendent of Blessing Hospital, Quincy, Ill.

(Continued from page 906)

FOODS DERIVED FROM MILK

(Whey, Cream, Butter, Buttermilk, Koumiss, Casein Preparations, Cheese)

WHEY is the fluid which exudes from clotted milk. It may be prepared by adding to thirty ounces of milk, heated to 104° F., two teaspoonfuls of rennet and setting aside in a warm place for a few moments till clotting has occurred. The clot must then be broken up very thoroughly by stirring and the whole strained through muslin. About twenty-two ounces of whey should be obtained. It is composed of: water, 93.64 per cent.; proteid, 0.82 per cent.; fat, 0.24 per cent.; sugar, 4.65 per cent.; mineral matter, 0.65 per cent.

Whey can also be made by precipitating the casein by means of an acid, *i.e.*, a sour wine; by Fairchild's essence of pepsin, or by alum. Whey has but small nutritive value but is often an aid in the feeding of infants.

Cream. Cream consists essentially of the fat of milk, containing also proteid and sugar in fully as high proportion as milk itself. The real difference between milk and cream is that in the latter some of the water of the milk has been replaced by fat. In a physiological sense, cream is chiefly to be regarded as fuel food. It has been calculated that a pint of it should yield about 1425 calories or about as much as one and a half pounds of bread or one and a half dozen of bananas or four and a half pounds of potatoes.

In sick-room diet, it is an important aid in getting fat into the system, for it is a very easily digested form of fat. Cream, however, is not an economical source of fat.

Butter. Butter is produced from cream by churning. The flavor and aroma of butter are due to the growth of organisms in the cream during ripening; butter prepared from pasteurized cream is devoid of

flavor. The trace of casein which remains in the butter may decompose on keeping and is apt to turn the butter rancid. The presence of water in the butter facilitates this change. The exact amount of fat in butter varies but averages about 82 per cent., or twice as much as the amount in cream. Butter is the most easily digested of fatty foods and is, therefore, of great value in the diet of sickness. As far as nourishment is concerned, a pound of drippings is more than the equal of a pound of butter and costs only half as much.

Buttermilk. The sourness of buttermilk is due to the presence of lactic acid, of which, however, it does not contain more than $\frac{1}{4}$ to $\frac{1}{3}$ per cent. The chief point in which it differs from milk is its poverty in fat. In this respect it resembles skim milk. The loss of milk-sugar from the formation of lactic acid is too small to be of any significance. It is easily digested owing to the absence of fat and to the fact that its casein is present in a finely flocculent form. Its nutritive value is considerable, an ordinary glassful yielding about as much nourishment as two ounces of bread.

Koumiss. Koumiss is fermented mare's milk. Kephir is a more modern substitute for it, produced from the milk of the cow. Kephir is much more easily digested than raw cow's milk.

Casein Preparations. In practical dietetics, the want of a tasteless, compact, easily digested and moderately cheap preparation of pure proteid is often felt. Casein is admirably adapted to meet these requirements. Pure casein is prepared on a large scale and forms a white powder not unlike flour and is termed protein flour.

Sanose is a powder consisting of 80 per cent. of pure casein and 20 per cent. of albumose derived from white of egg.

Plasmon consists of proteids of milk rendered soluble by combination with bicarbonate of soda.

The nutritive value of these preparations is undoubtedly very high, containing as they do fully 90 per cent. of pure proteid.

Cheese. Cheese consists essentially of the casein and fat of milk. It may be prepared in two ways:

1. The milk may be allowed to clot under the influence of rennet. If pure milk be so treated, the resulting cheese will contain most of the fat, *e.g.*, cheddar,—and the proportion of fat may be rendered still greater by adding cream to the milk, *e.g.*, some forms of stilton. In other cases, part of the cream is removed by skimming. In that case the cheese will be proportionately poor in fat, *e.g.*, some Dutch cheeses.

2. The casein may be precipitated by allowing the milk to become sour or by adding to it an acid, such as vinegar. Under these circum-

stances the casein carries down with it but little fat and the cheese produced is a "lean" cheese, *e.g.*, some Dutch and German cheeses.

After being submitted to pressure, the cheese is allowed to "ripen." This process is brought about by the agency of bacteria and results in chemical changes in the casein which are not as yet perfectly understood.

The infiltration of cheese with the fat which it contains must always render it an article of diet not easily dealt with by delicate stomachs, for the fat forms a waterproof coating, which prevents the access of the digestive juices to the casein.

One reason for the disagreeable effects which cheese is apt to produce in the stomach is that, in the process of ripening, small quantities of fatty acids are produced, and these are always irritating. The addition of an alkali in the solution of the cheese will neutralize these and render them less harmful. It is only in the stomach that the difficulty of digesting cheese occurs; once in the intestine, it is absorbed as easily and completely as meat. Cheese is of high nutritive value. One pound of good cheese represents the total casein and most of the fat in a gallon of milk.



LIFE'S EXAMINATIONS

THOUSANDS of graduates are going out this summer from school and college with a keen sense of relief because examinations are over. They are greatly mistaken. They are entering on the period of examinations, but of what will be to them a new description. The school has asked them, What do you know? Life will ask them, What can you do? **And** Life accepts no excuses.

* * * * *

Scholarship is not an end, it is a means to an end. The end is life—ability to serve and ability to enjoy. For to enjoy life is perhaps as important as to minister to it, and to be is certainly more important than to do. And yet these are not contrasted ends. For ability to achieve valuable service is the best test of character, and the secret of unfailing enjoyment of life in one's self is ability to minister to the life of others. These are the two questions which life is always putting to us, What capacity have you to do and what to enjoy? and every day is an examination day. The real test of a school or college is not, How much do its pupils know? but, How well equipped are they for joyous, serviceable living?—*The Outlook*.

HOUSEKEEPING FOR TWO

BY ANNA B. HAMMAN

(Continued from page 903)

GREEN CORN. This is one of the more nutritious of our green vegetables. Most of them are valuable chiefly for their salts, and it is most important that we should have them, but when we eat corn, peas and beans we may feel that we are also adding materially to the day's food supply. It is not so difficult to cook good corn as it is to get good corn to cook. The shorter the time between the pulling of the ears and the cooking, the better. If the silk is well-dried, the corn is old. Pull apart the husk a little and put the thumb nail into a kernel. If the corn is young and tender and hasn't been kept too long, the milky juice will spurt out. Take off the husks, pick out the silk and put the ears into a kettle of boiling salted water. Let them boil gently, uncovered, twenty minutes. Drain and serve.

Broiled Chicken. This is the season for broilers. They can be cooked nicely in the gas broiler. If you buy them at the market, the butcher will split them for broiling, if you wish. If you get them elsewhere, you will probably have to split them. After singeing and wiping the chicken, take a strong, sharp knife and make a cut through the back bone from head to tail, lay open the chicken and remove the contents from the cavity. Cleanse thoroughly inside and out with a damp cloth and wipe dry. Put on the broiler, which should first be heated, and brown both sides nicely. Then place farther from flame, with flesh side towards the fire, to finish cooking. It should cook in about twenty minutes. Put on a hot platter, dot over with butter and sprinkle with salt.

If no broiler is available, try cooking the chickens in the oven. Prepare them as for broiling, put them in a pan, sprinkle with salt and pepper, spread them with soft butter, and put into a very hot oven. It will take longer to cook them in the oven than to broil them.

They can also be cooked on top of the stove in a hot frying pan, with a little clarified butter, or in the blazer of a chafing dish.

To clarify the butter, put it in a saucepan and heat it slowly. The buttermilk will rise in a white froth to the top, and the salt will settle to the bottom. Skim off the buttermilk, and pour the butter off from the salt. You have then a clear, yellow oil, which will not burn as easily as the butter does when the salt is left in.

Among the good things coming into market now are sweet potatoes.

The medium-sized or small potatoes are usually better than the large ones. For baking they should be scrubbed clean with a brush, wiped dry and put into a moderate oven. Small ones will bake in a half hour.

Browned Sweet Potatoes. Wash the potatoes and put them into boiling water. Boil until tender, drain, cool and peel them. Cut in sections lengthwise and brown them in a frying pan in a little clarified butter.

A Simple Peach Dessert. The best way to use fruit is to eat the beautiful, fresh, sound fruit itself without additions. It is something of a crime to mutilate it and mix it with all manner of things unnecessary, but there are always people about who haven't cultivated, or rather who have spoiled, their taste for fresh fruit, so we need to know some simple ways of making it palatable and attractive. For the peach dessert, select two or three fine ripe peaches, and after peeling and stoning them, press the pulp through a sieve. Sweeten to taste. Beat the white of an egg very stiff and beat it into the pulp. Then add a half cup of thick whipped cream. Pile lightly in a dish and chill.

Peaches Cooked in Syrup. When for any reason it is undesirable to eat the fresh peaches, they may be eaten, perhaps, if cooked. Cook together one cup of water and one-half cup of sugar five minutes. Peel the peaches and cut them in halves. Drop them in the boiling syrup and cook them gently, so that they may not break, until tender. Lift them out with a silver fork, cook the syrup down a little if it is thin, and pour it over the peaches. Let the sauce get thoroughly cold and serve it with whipped cream.

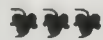


TRANSPLANTATION OF JOINTS.—The *New York Medical Journal*, quoting from *Zentralblatt für Chirurgie*, says: Buchmann, in two cases of bony ankylosis of the elbow-joint, resected the joint and transplanted the first metatarsophalangeal joint, which he selected on account of its powers of extension and flexion with practically no lateral movement. He concludes that joints can be transplanted as easily as the long bones. The resection of the elbow-joint must be quite broad between the head of the radius and the condyles of the humerus. Suture of the bone is unnecessary. The motions of the new joint are painless to as great an extent as the contracted muscles permit. No bad results to the foot follow the extirpation of the first metatarsophalangeal joint. In the two cases operated on, the results were good.



THE FIELD HOSPITAL

RED CROSS WORK



MY EXPERIENCE AS A RED CROSS NURSE

By ANNA MARION BEADLE, R.N.

Graduate of the New York Post-Graduate Hospital

SINCE we are learning more about the Red Cross, and becoming more interested, perhaps my experience as a Red Cross nurse at Hattiesburg, Mississippi, caring for the tornado sufferers, will not seem trite. It may be of interest to know how the work is done at such a time.

The village of Purvis, eighteen miles from the city of Hattiesburg, was almost entirely destroyed by the tornado. Sixty people were killed and about two hundred injured. The patients were taken by train to the hospitals in Hattiesburg and all available vacancies were utilized, after which army tents were put up for the remaining patients.

Our work was chiefly surgical. There were many fractures, scalp wounds, infections, etc. One case of erysipelas developed but very good recovery was made.

The Red Cross nurses were placed on duty wherever the tornado patients were located. We were transferred to the different hospitals so that each nurse had experience in the "tents" or field hospital. The United States hospital corps men assisted us, as male nurses, and we also had colored attendants.

The "tents" were prettily situated in two rows underneath the trees near the Gulf and Ship Island Hospital. To the nurse who is not familiar with field hospitals, it is quite novel and most interesting. On my first visit to the "tents" I was immediately impressed with the perfect hospital equipment and was anxious to work in them.

The surgical tent was most complete. It contained the water and dressing sterilizers, supply closet, gas stove, temporary operating table, water supply, electric lights, and army chests, in which were surgical supplies, medicines, etc.

Another tent was known as the office tent. The patients' records were kept here and here the doctors' orders were left at the end of "rounds." The remaining tents were occupied by patients. Each tent was nicely fitted up with a substantial floor, either three or four hospital beds, and electric lights. Being located in a city, and not at the place

of devastation, lighting, water supply, and sanitary conditions were easily perfected.

Two adjoining tents served as a dining tent for the patients who were able to be up. Sidewalks were placed the entire length of the hospital field. Every comfort and convenience for both nurses and patients were carefully considered and too much praise cannot be given the government officials who were in charge of the relief work.

We visited Purvis, the stricken village. It beggars description and the painful experiences told us by the sufferers were most pathetic. To me it was indeed a satisfaction to be able to care for those who were in dire distress and need. It made me fully realize what the Red Cross means, and I wondered why the humane endeavor of such a worthy society does not appeal to more nurses.

We were received with every courtesy by the people of the south, and my entire experience as a Red Cross nurse was most heartily enjoyed.

ITEM

SINCE our last report, the following nurses have enrolled in the New York State Branch of the American National Red Cross: J. Estelle Miner, R.N., New York City; Lottie S. Argabrite, R.N., New York City; Nora Brown, R.N., New York City; Emma Frances Giblyn, R.N., New York City; Edith Agnes Hentchel, R.N., New York City; Jane Theresa Taylor, R.N., Panama; Martha Montague Russell, R.N., New York City; Agnes Gertrude Queenen, R.N., New York City; Gladys Anne Christopher, R.N., Troy; Eudocia Jeanette Higley, R.N., Troy; Guy C. Wolcott Ross, R.N., New York City; Eleanor M. Scott, R.N., Rochester; Edith Kelly, R.N., New York City; Minnie E. Lumney, R.N., New York City; Agnes S. Ward, R.N., New York City; Anna J. Brambach, R.N., Panama; Edith Abrams, R.N., New York City; Ida M. Collins, R.N., Troy; Grace A. Stiles, R.N., Troy; Martha Jane Stewart, R.N., Troy; Carolyn A. Wagner, R.N., Troy; Laura B. Bunting, R.N., New York City.



TENT FOR PATIENTS



MESS TENT

NURSING IN MISSION STATIONS



IN September, 1906, St. Luke's Hospital, Shanghai, China, completed its fortieth year of service. Accurate records have not been kept during all these years, but estimating from recent reports it seems probable that over half a million Chinese and others have been treated there. The staff at present consists of four doctors and a nurse, Miss Bender, who describes the hospital thus:

"I believe this hospital would be a great surprise to many people at home, if they could see it. It certainly was so to me. The building itself is a really fine one, with large airy wards, quite like the ones we have at home. The Chapel is in extremely good taste, plain and neat with some very attractive pictures of our Lord's parables done by a Chinese artist. The operating room is equal to any we have at home, while the sun-room is absolutely all one could wish for. There are birds, fishes, flowers, a monkey, and many other things which furnish amusement for convalescent patients. That which delights my soul the most is the two poles on which the stars and stripes and the Chinese dragon flag are hung on festal occasions. Of course the nursing is not all one would like to have it, but it is wonderfully good for China, and, some day, by God's grace and the help of good friends at home we are going to have it really good."

Dr. W. H. Jefferys, in one of the annual reports of the hospital, gives some interesting facts in regard to the native ideas of the treatment of disease in China from which we quote.

"My assistant, at my behest, went once last winter to consult a native practitioner for a severe cough and allowed himself to be prescribed for. Here is the actual prescription on paper. It gives the patient's name, then the diagnosis of the trouble. This is followed by a statement of the condition of the pulses on which the diagnosis was made. Finally it calls for the thirteen drugs which I put into thirteen foreign bottles, partly for convenience, but chiefly in order that I might live in the same house with them, and other Chinese drugs. They should each be wrapped in a separate white paper and then all together in a red sheet. The thirteen drugs are as follows:

“ Baked barley,
Sugar,
Mashed beans,
Bamboo shavings,
A root,
Another root,
Still another root,

Chalk,
Melon seeds,
Mashed and fermented
melon seeds,
A mashed pebble,
Some wild flowers,
A broken clam shell.

“ The prescription calls for the boiling together of these ingredients in a large quantity of water and for the whole to be taken rapidly at one dose. That for a cough! It does seem as if the doctor must have hit the mark somehow, with so many shot in his gun.

“ Other drugs in common use are cockroaches, fossils, rhinoceros skin, shavings, silk worms, crude calomel, human secretions, rhubarb, asbestos, moths, oyster shells, maggots, centipedes, caterpillars, toads, lizzards, and cicada shells. Just why cicada shells should be the great nervous sedative of China it is not easy to see. In most of their animal drugs the Chinese are strictly homeopathic in aim, barring dosage, as when they give tigers' bones as a tonic in debility, because the tiger is such a strong animal; but this cicada business seems to work on strictly allopathic lines.

“ As Dr. Williams says, ‘ anything indeed that is thoroughly disgusting in the three kingdoms of nature, is considered good for medicinal use,’ and the worst of it all is, they do not just take medicine as we do, they literally and truly ‘ eat ’ it, so large is the size of the average dose. The word for this function in China is *Chuh*, to eat. I have a Chinese pill, a tonic for the weak, and it measures an inch across and weighs half an ounce. Here are smaller ones for bronchitis. The dose is about one hundred and fifty pills. Here is the dragon-festival powder, of which the average dose is two tablespoonfuls to a man, at the feast, to keep off evil spirits, which is of course considered a distinct disease by the Chinese. Such is the internal medicine of China.

“ Chinese hygiene is almost unspeakable. It is said that one smells China a hundred miles out to sea. A fellow missionary used to send outside of the city gate of Wusih every day to get his drinking water where it was supposed to be a bit less terrible than near his house, the natural place for a native to take it from. I happened one morning to be passing through the gate and took a photograph of the crystal stream. There was a huge dead dog in the centre of the picture. Now, my friend probably gets his water from some other spot, but it is a matter of mere sentiment after all, for, aside from the idea involved, it is not probable that he has improved his condition a whit. If it is not dog, it is something worse. The facts that the nation lives out of



MISS BENDER IN THE WOMAN'S DISPENSARY

doors, that it does not drink milk at all and never drinks cold water, are probably responsible for its being 'still about.'

"Surgery, or external medicine, is represented by several procedures, operative and otherwise. Such a poultice as half a raw chicken is common, and nearly every patient that comes to us has one of the large gummy opium plasters on some carefully selected spot. These latter have probably the suggestion of therapeutic value. A set of surgical knives are never used to cut, but merely to dig and gouge. Practically they are chiropody instruments. Why do they not cut with them? Simply because they cannot control hemorrhage. Our patients do not, except when they come directly from some foreign *hong*, show that they have even the knowledge of the stick and handkerchief tourniquet. They usually stuff the wound with tobacco, earth, or a filthy rag. If a member is all but removed by accident, the Chinese have been known to assist mildly in severing the last link.

"The surgical instrument best known to the Chinese is the deadly acupuncture needle, and I say deadly with the full weight of the word. It is used to produce counterirritation, and there are one hundred spots known to the surgeon into which it may be stuck without resulting in immediate death. The muscles are the favorite choice, but I have seen the result of these filthy needles having been passed into hernial sacs, and I have had two patients come to us for treatment for general infection of the eye which was caused by these needles having been passed clean (or rather dirty) through the eyeball in the treatment of trachoma. It is needless to say there resulted all that could be desired in the way of a handsome counterirritation and that the total loss of the eye in each case was the end thereof. For this, however, the Chinese surgeon did not take the blame, because the patient could still see a little two days after the operation. Abscesses are treated by the needles, but if, by any chance, anything threatens to leak out of the abscess through the puncture hole, the surgeon immediately slaps on a large plaster to stick it up tight."

Miss Bender is still largely occupied in learning the language, but she has almost entire charge in the woman's out-patient department, and is encouraged by the fact that the attendance is increasing. "On two special afternoons I dressed, with the help of a native worker, forty patients. To have any knowledge of what a dressing really can mean, one must work in China. I have had babies when literally every inch was bandaged with the exception of eyes, nose and mouth.

"If we had at least six well-trained nurses from home, one in charge of each ward, we might be able to do great things, but of course that is out of the question and we mean to do great things without the

nurses and to bear in mind that not *failure* but *low aim* is crime, and what is better yet that, 'through *God* we will do great acts.' ”

ITEMS

Spirit of Missions announces the appointment of Miss Anna I. Henry, of Topeka, Kansas, as missionary nurse to the Philippines.

The Quarterly of the Illinois State Association states that Miss May Elsey, a graduate of the Presbyterian Hospital, Chicago, class of 1907, has been appointed by the Presbyterian Board of Missions as head nurse of a hospital in Persia and that she will sail in the fall to take up the work.

The British Journal of Nursing for July 25 gives an account of the recent graduation of three native nurses, the first pupils of the American Training School, at Beirut, Syria. They were trained by Miss Jane E. VanZandt, a graduate of the New York Post-Graduate Hospital, assisted by the missionary medical men, Drs. Post and Moore. The nurses are Armenians, and they have a three years' course with both theoretical and practical instruction. There are six pupils in the school.

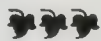
A NURSE is needed for Korea at once, for the station at Tai Ku. One of the workers at the station describes the situation thus: "The salary is, of course, not munificent, being \$625 or \$750 a year, but the opportunity for doing good service to a needy people is a splendid one. Her work would be the care of the missionary families and to be house-keeper and trainer of native nurses in the hospital, which is a modern one, and Dr. Johnson is a delightful man to work with. There are seven families at Tai Ku, which is on the railroad from Fusan to Seoul." Inquiries should be addressed to Dr. A. J. Brown, Presbyterian Board of Missions, 156 Fifth Avenue, New York City.



GUARDING EYE-DROPS.—The *American Journal of Surgery* says: In prescribing eye-drops, order a dropper to be placed in the bottle in place of a cork, as a stopper. It will always be at hand and always clean, and the solution will not be contaminated.

HE gains the prize who can the most endure, who faces issues, he who never shirks, who waits and watches and who always works. (Selected.)

NOTES FROM THE MEDICAL PRESS



IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE CONQUEST OF THE VENEREAL DISEASES.—Dr. Havelock Ellis says in the *Medical Record* that there are four methods by which in the more enlightened countries venereal disease is now beginning to be combated: 1. By proclaiming openly that the venereal diseases are diseases like any other disease, although more subtle and terrible than most, which may attack any one, from the unborn baby to its grandmother, and that they are not more than other diseases, the shameful penalties of sin, from which relief is only to be sought, if at all, by stealth, but human calamities. 2. By adopting methods of securing official information concerning the extent, distribution, and variation of venereal disease, through the already recognized plan of notification and otherwise, and by providing facilities for treatment, especially for free treatment, as may be found necessary. 3. By training the individual sense of moral responsibility so that every member of the community may realize that to inflict a serious disease on another person, even only as a result of reckless negligence, is a more serious offense than if he or she had used the knife or the gun or poison as the method of attack, and that it is necessary to introduce special legal provision in every country to assist the recovery of damages for such injuries, and to inflict penalties by loss of liberty or otherwise. 4. By the spread of hygienic knowledge so that all adolescents, youths and girls alike, may be furnished at the outset of adult life with an equipment of information which will assist them to avoid the grosser risks of contamination, and enable them to recognize and avoid danger at the earliest stages.

THEORY OF OPSONINS.—The *New York Medical Journal* quotes the following from a German medical contemporary: Neufeld says that the appearance of opsonins in the specific treatment with tuberculin and dead staphylococci is to be considered at the present time only in the sense that we in like manner conclude from the appearance of agglutinins the presence of a specific process of reaction in the organism, without seeing in the opsonins with certainty the immune bodies which immediately call forth the process of healing, or to directly assume that the

quantity of the same is a direct indication of the degree of the immunity produced.

DIURESIS FOLLOWING ETHER ANÆSTHESIA.—The *Medical Record* says it is usually thought that ether anæsthesia leads to a more or less pronounced retention of urine. P. B. Hawk, *Journal of Medical Research*, has tested the correctness of this view by a series of careful experiments upon dogs, in all of which preliminary nitrogen equilibrium was secured. In every instance the ether narcosis was followed by an initial diuresis, which usually persisted for some time; the urine first voided after the anæsthesia possessed higher specific gravity than under normal conditions, and in seven out of nine cases was changed from the normal acid to amphoteric in reaction. Of further interest was the observation that the animals suffered an invariable loss of flesh.

SCOPOLAMINE - MORPHINE ANÆSTHESIA IN OBSTETRICS. — The *Medical Record* in a synopsis of an article in *Deutsche Medizinische Wochenschrift* has the following: Krönig says that anæsthesia is indicated in the delivery of many women who are either very much weakened by a hard struggle for existence or belong to a type of the highly nervous, sensitive women who are unable to bear the pains of labor without being profoundly and dangerously affected by the suffering. In the Freiburg clinic over 1500 women have been delivered with the use of scopolamine-morphine anæsthesia. The solutions used are a 0.03 per cent. watery solution of scopolaminum hydrobromicum as a 1 per cent. solution of morphine. The first injection is made when the pains recur every four or five minutes, 1.5 c.c. of the scopolamine solution and 1 c.c. of the morphine solution being used. One hour later scopolamine alone is injected in a somewhat smaller quantity. Half an hour later the woman is tested as far as her psychic reactions are concerned, various questions being addressed to her in reference to matters that happened just before labor, the number of injections she had received, etc. The injections are repeated if a subject is retained in the mind for over thirty minutes. No untoward action whatever has been observed in any of the 1500 cases; the single death that has occurred was due to a delivery in the presence of a deformed pelvis, Cæsarean section being refused by the patient's husband. The loss of blood did not exceed the usual amount; the duration of labor was not affected; the mortality of the infants intra-partum has been diminished by the anæsthesia. Krönig concludes that his method of administering scopolamine-morphine in cases of labor

fully attains the aim of the procedure, a painless delivery without any harmful effect upon the mother or the child.

HINTS ON TREATMENT OF THE EAR.—The *American Journal of Surgery* says: Don't pour hot oil into the ear to relieve pain. Heat can be applied much better in a hot mixture of glycerin, alcohol and water, which will not turn rancid or clog up the ear, and can be removed by syringing with water. A towel or large pad of gauze wrung out in boiling water and closely applied over the ear, covered with oil silk or "protective" rubber tissues, is better than a hot water bag.

Sudden one-sided diminution of hearing after bathing may indicate nothing more serious than water in the ear or a plug of wax which has swelled up and obstructed the canal. If no means of syringing is at hand, the instillation of ether and alcohol, equal parts, will dry up the plug and often cause it to disintegrate, with a corresponding improvement in hearing. Swollen seeds, peas or beans in the external canal, a frequent occurrence in children, can be treated similarly.

TEST OF DEGREE OF ANÆSTHESIA.—The same journal remarks: Avoid touching the cornea during the administration of an anæsthetic. The ocular reflex can be obtained just as well through the lids, and the pupils and motions of the globe offer the most definite indications of the degree of narcosis.

TONSILS AND ADENOIDS.—The *Journal of the American Medical Association*, quoting from the *Kentucky Medical Journal*, says: Hall arrives at conclusions which may be summarized as follows: while normal tonsils atrophy at adult life, diseased tonsils do not. Therefore early operation is indicated. The hyperplasia affects the entire gland, so complete removal is necessary. In very few cases is the tonsillotome of use. A child should never be operated on forcibly while struggling and screaming; it leads to bad work and has a serious effect on the child's nervous system. Local anæsthesia in older children, general anæsthesia in younger ones, is preferable. Both tonsils and adenoids should be removed at one sitting.

A NEW THEORY OF SURGICAL SHOCK.—The *New York Medical Journal* quoting from *La Presse Médicale* says: Langlois discusses the theory ascribed by him to Henderson, of the Yale Medical School, that surgical shock is provoked by a diminution in the proportion of carbonic acid in the blood, and that the prophylaxis of shock consists essentially of preventing an extensive loss of this gas from the blood.

FOREIGN DEPARTMENT



IN CHARGE OF
LAVINIA L. DOCK

SAINT RADEGONDE, QUEEN OF FRANCE

IN the act of looking up the histories of dead and gone people who have done worthy deeds one becomes quite attached to the figures whose lives one is searching into, and so, having pored over many tomes to learn something of Radegonde, a one-time queen of France who was a famous nurse in the Sixth Century, she seemed so real to me and I felt so deeply interested in her that when I got into France nothing would have kept me from getting to Poitiers where she lived a long time and founded her great convent of noble ladies.

The ancient town of Poitiers is full of interest and charm for persons of many diverse interests. Those who love the Picts, the Romans, the Merovingians can find them all here, piled one on top of the other. The cellars of houses are full of old walls, remnants of subterranean passages, caves where French dragons once lived in Roman diggings, and all sorts of such relics. Above ground, sad to say, most of the beautiful and picturesque fifteenth century houses have been pulled down and the actual present main streets show little of the architecture of the past, but in the side streets and out-of-the way alleys and winding ways there is a great treasure of interesting corners, picturesque old gardens, and general old-timeyness, though one is conscious of a certain squalor which is not entirely definable. People who understand architecture find the old churches here extremely fascinating and remarkable, and even a tyro can see that they are so. But, after all, Radegonde is the most interesting relic of Poitiers,—alone well worth a visit, though the beauty of the old town's situation and environment is not to be forgotten.

Radegonde was a German princess of Thuringia, born a heathen, who, at the age of twelve years, having seen all her elders and relations murdered and their lands stolen in the good old-fashioned way, was taken a captive into France, in the year 529 A.D. King Clotaire, though a detestable person, still has this to his credit, that, intending to marry the little princess when she grew older, he provided masters for her who gave her a very admirable and extensive education. Radegonde

learned Latin and Greek, was converted to Christianity, and developed a high and queen-like character. The legends say that she abhorred the thought of marrying Clotaire and tried to escape when the time came. The country people cherish the story of a cave where she hid, and where a miraculous spring appeared; of a rockbed that became soft as Clotaire's horse galloped over it when he was pursuing her, so that the horse's hoofs sank in, when it immediately hardened again, and like tales. Nevertheless, she had to marry him, and again we must give him this credit, that he endowed her liberally with lands and wealth. But he was brutal, greedy, and unintellectual. Radegonde stifled in the atmosphere of his court, and to solace herself and employ her energies she built a hospice for poor and sick women on her estate at Athies, and spent most of her time in working there as a nurse, making beds, cleansing and dressing ulcers and wounds, bathing lepers, consoling the dying, and dressing the dead for burial. King Clotaire grew more and more unpleasant, and she finally left him altogether, and, as a protection against him, commanded one of the high priests of the church to consecrate her to religion. It was after this that she came to Poitiers and founded the extensive abbey of Sainte-Croix, built churches, established hospitals, trained two hundred religious sisters, and devoted herself to a life of humble service to the poor and the sick.

She came to Poitiers about 553 A.D. It was a proud day for the city when Queen Radegonde entered it with her noble train of followers, and to-day, even, it is full of memory of her, in the names of streets, church, and parts of the town. The extensive domain where she held sway is now built over, new streets run where the old convent walls stood, her own special church has been so often rebuilt and repaired that only a couple of the original stone carvings are left, but still the memory of Radegonde is fresh, green, and tenderly cherished because of her services to the miserable and afflicted.

Some remains of the ancient abbey and of the town of Radegonde's time existed up to a late day. Her own especial cell near the church, now called by her name (which she had built under the name of "St. Marie-beyond-the-Walls"), was only destroyed in 1795. The greater part of the domain had been sold in 1791, for the benefit of the state. As late as 1904, in filling up parts of the town that were built over old ruins, an ancient Roman subterranean passage was filled in which, according to the superstitions of Radegonde's age, was inhabited by a dragon who devoured any of the nuns that were rash enough to try to pass that way, and in 1905, the last remnants of an old Roman tower were cleared away, in which her companions and followers had stood

to watch her funeral procession go by, and from the little window of which they had thrown flowers upon her coffin. One relic there still is, which is said to date from her day—a large laurel tree, which she is said to have planted with her own hands. It measures three metres in circumference, and has been cut back many times. It stands in a garden on the rue Carolus. Some old houses, older than the fifteenth century, still stand in the quarter where her abbey was, and one of them contains a portion of old stone wall with a little window in it, through which Radegonde, it is said, used to give food to the poor. However, this old wall is now so covered with vines that not a stone can be seen—to the great annoyance of antiquarians.

It so happened that I got to Poitiers on St. Radegonde's fête day. The church was open, and around it the old women were selling wax candles and little casts of arms, legs, head, hand, foot, trunk, and heart, made of wax. To buy one or more of these (two cents each), and offer them up to Saint Radegonde would keep off sickness in that particular part of one's body. After buying a leg, an arm, a head, trunk and heart, the old ladies thoughtfully suggested that to buy a whole wax figure (which they supplied) would ensure me against sickness anywhere. I took their advice, and escorted by two enthusiasts, I deposited my little wax casts at the feet of the statue of Radegonde and mounted two lighted candles on her tomb. The black marble coffin is the same one in which she was buried. The carved stone table on which it now stands is from the eleventh century, as is also the present crypt of the church where it is placed. In 1562 the church was pillaged by the Huguenots, Radegonde's coffin was broken, and some of her bones were burned—not all; some were saved, encased in a box of lead, and replaced three years later with great pomp in the black marble coffin.

The statue of Radegonde in the church does not, unfortunately, show the features of the religious queen and nurse. It was made in the likeness of Anne of Austria who gave it to the church.

The public library of Poitiers contains a beautiful illuminated Life of Radegonde, by Fortunatus, a monk, and, I believe, also a Saint. I wanted much to see this treasure for its beautiful illustrations—the Latin text, alas, would have been beyond me; but unfortunately it was the month of August and the library was closed.

There is a special festival on the 13th of August in honor of Radegonde, when the leaves of the laurel tree are sold in little silk bags, and special cakes and buns of St. Radegonde are eaten.

There is still a small convent and a St. Radegonde Day Nursery

in the old quarter, but the sisters belong to another order and can claim no descent from the queenly ancestress of nursing sisters.

References: Sainte Radegonde, queen of France and patron saint of Poitou, by the Abbé Briaud, Paris, Poitiers, 1899. New Guide to Poitiers and History of its Streets from the First to the Twentieth Century, by R. Brothière de Rollière, member of the Commission of Neuilly, Paris, on municipal history, and of the Archæological Society of Paris. Poitiers, 1907. Vie de Sainte Radegonde, by M. de Fleury



A NEW AND EFFICIENT METHOD OF ROOM DISINFECTION.—Dr. McLaughlin, after describing two other methods of disinfecting rooms in common use, says, in the *Medical Record*: The “Stewart method” consists in thoroughly spraying the walls, furniture, and floor of the room with a 20 per cent. solution of formaldehyde gas, and then spraying the mattresses, laying one on top of the other, and then the pillows, bedding, etc. The most prominent exponent of this method is the Philadelphia Health Department. In the first two methods (the Maine and the Walker methods), penetration to any extent is not alleged, and it is the custom both of the Marine Hospital Service and of the New York Health Department to disinfect articles such as bedding, clothing, etc., in the steam autoclave. But in the Stewart method it is stated that the disinfection is sufficiently perfect to render steam sterilization in the autoclave unnecessary. Dr. McLaughlin found that if the gas formaldehyde is mixed with vapor of carbolic acid, the tendency to polymerization does not seem to exist, and that the formaldehyde penetrates as one would expect, *i.e.*, obeys the ordinary law of diffusion of gases. The mixture which he has used is 75 per cent. of a 40 per cent. solution of formaldehyde and 25 per cent. of carbolic acid. He uses eight ounces of this mixture to 1000 cubic feet of air space, and allows the room to remain closed twelve hours. He has used a retort to volatilize the mixture, but, as a matter of convenience, usually saturated a sheet and hung it up in the room to be disinfected (an ordinary sheet will hold about six ounces of the mixture). He was very successful with his tests.

THE VISITING NURSE DEPARTMENT



IN CHARGE OF
HARRIET FULMER

SUMMER CARE OF BABIES IN NEW YORK CITY

THE summer corps work this year has been gone into much more thoroughly than in the past. The various organizations working for the welfare of babies held a conference early in the year and discussed plans for the summer work. The result was that the city was divided into districts and a nurse assigned to each. Care was taken that there should be no overlapping of service.

The Department of Health provided sixty nurses; the Association for Improving the Condition of the Poor, ten; Greenwich House, one.

Printed circulars, with suggestions in reference to general conditions, were freely distributed, as well as those with detailed instructions. The nurses were given the names and addresses of all babies whose births had been recorded within the previous three months and they were instructed to visit such baby and mother and find out exactly how the baby was cared for. In each case whatever instructions seemed necessary were given by the nurse. Revisits were made to see if instructions were carried out. The following questions were asked:

Physician or midwife at birth? Conditions of mother? Ophthalmia?

Breast Feeding.—Number and regularity of feedings; diet of mother.

Artificial Feeding.—Kind and condition of food; ice; source of milk supply; milk, how prepared; cleanliness of bottle and nipple; number of feedings, twenty-four hours; amount of each.

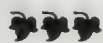
General Conditions.—Health and weight of baby; frequency and kind of bathing; employment of mother; who cares for baby daytime; cleanliness of rooms; number and kind of outings.

All cases of destitution were referred at once to the proper relief society. Lists of milk depots and children's aid societies were also given out. Several of the milk depots provided nurses who gave instructions to the mothers receiving milk, and lectures were also given by physicians twice a week, a record being kept of all babies fed on the prepared milk.

The work is still going on and new developments are looked for.

LINA L. ROGERS, R.N.

LETTERS TO THE EDITOR



[*The Editor is not responsible for opinions expressed in this Department.*]

A QUESTION ANSWERED

DEAR EDITOR: My attention was attracted by a letter written to you and published in the *AMERICAN JOURNAL OF NURSING* for August, on the subject of "Just What is Required of the Nurse in a Private Home." I am a subscriber of the *JOURNAL* and also a graduate nurse. My opinion is the same as M. E. of "Sunny Tennessee."

I think any nurse who has good sound common sense, and has gone through a course of hospital training of three years will have at least enough sense to adapt herself to the surroundings and conditions of any home she may enter and know what her duty there is, and not "sniff" if it is necessary to do menial labor.

I have been doing private nursing only two years, and I think I have learned what is required of a nurse in a private home.

I have been sent to homes where I did not need to do what I thought a nurse on private duty should not do. And I have also been in homes where I had all the household duties to attend. At one place I nursed a patient who was continually fretting about the lamps not being kept clean. She asked the servant, her daughter and grand-daughter to clean them, every day for three days, which they neglected to do. Finally, to keep the patient from fretting and being nervous, I cleaned the lamps, and cleaned them every day for five weeks. The daughter did not object to my doing so.

In another home the patient, the room, and every thing else about the place were so dirty, I had to sweep, scrub and dust before I could even see what to do for the patient or how to take care of her.

When a nurse goes to a home and there are servants to do the household duties, she should do strictly what has been taught by her superintendent of nurses at her training school.

I do not believe the woman who wrote the article in the *New York Sun* and conducts a high class employment bureau knew anything about what was required of a nurse on private duty. I believe I voice the sentiment of the nurses of Texas or any nurse that has had any practical experience on private nursing.

I also noticed in Hospital and Training-School Notes, that one of

the large hospitals in Brooklyn had accepted four young Indian girls with "good manners" and an education. Let us hope they were at least educated. I really do think all hospitals and schools are accepting nurses with less refinement and education than they formerly did.

Sincerely yours,

P. L. S.

SUGGESTIONS TO CORRESPONDENTS

DEAR EDITOR: It is no doubt hard for others to sympathize as we should in both cases of M. B. B. in the April number and E. B. U. in the July number,—both nurses certainly had a very unpleasant time,—and not easy to understand, for I have never come in contact with members of our own profession who, to my knowledge, have done such unprincipled work as those nurses who first had charge of these cases. Though I know there are, unfortunately, both doctors and nurses that seem to lack honesty, thank God they grow fewer each year. I should like to suggest to M. B. B. and E. B. U. that if they are not already members of their own state or county association that they immediately become such and then take such trouble as they speak of to their county board, and have these others expelled, if they are also members; if not, have them reprimanded in some dignified way. One's own county association is the board to which she should carry these minor troubles. I do not believe such dishonest nurses figure very often in our life. We are not all perfect, but I believe almost every one of us has her patient's welfare in her heart, and I believe if a nurse, already graduated from a good school, should be found to do otherwise than what is honest and true, her diploma should be demanded. However, if they were, as I hope, untrained nurses, then we can say nothing but that we are sorry for their ignorance.

T.

A PROTEST

DEAR EDITOR: The AMERICAN JOURNAL OF NURSING for July contains in its report of the Nurses' Associated Alumnae of the United States the following:

"A letter was read from Mrs. Shaw, president of the Woman's Suffrage League, asking the Association to endorse the following resolution:

"'WHEREAS, The thinking women of America are striving more earnestly than ever before to be a helpful part of the people, in the firm belief that men and women together compose a democracy, and that

until men and women have equal political rights they cannot do their best work, therefore be it

“ ‘*Resolved*, That the Nurses’ Associated Alumnae of the United States, numbering 14,000 members, as a company of patriotic workers, heartily endorse every well-directed movement which tends to emancipate the women of our land and give them their rightful place in government.’

“ After some discussion the motion was lost by a large majority.”

This means that the representative women of the nursing profession refuse to even endorse the struggle other women workers of the world are making for the organization and self-government we as nurses enjoy to a perhaps greater degree than any other body of working women.

Surely there must be among our 14,000 members many who, with Miss Dock, “ would have given much to have walked in the great parade in London on June 13 under the Florence Nightingale banner at the head of the Nurses’ Contingent in their uniform.”

The society for state registration is asking what is to be its field of usefulness when registration is a well-established fact. What better cause than to organize in support of the fight less fortunate women are making for equal pay for equal work?

EDITH THURESSON KELLY.

DEAR EDITOR: I should like to thank L. B. M. through your pages for her kind tribute to the private duty nurse, but I would also endorse the suggestion of W. in the July number that she attend one of the conventions and she will surely be delighted to find some very clever women from the private nursing field as well as from institutions. If there is any honor coming to us for doing what is right in helping those who have the responsibility of educating those who shall take up our life duties when we are called hence, I think it usually comes to us sooner or later.

E.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

REVISION OF THE CONSTITUTION OF THE ASSOCIATED ALUMNÆ

THE Executive Board of the Nurses' Associated Alumnae has charge of the revision of the constitution and by-laws. All affiliated societies and permanent members are requested to send suggestions for the revision to the secretary before December 1st.

ANNIE DAMER, President,
SARAH E. SLY, Secretary,
Birmingham, Michigan.

OREGON STATE HEADQUARTERS

THE headquarters of the Oregon State Association are changed to 343 Thirteenth Street, Portland.

MARYLAND STATE EXAMINATION

THE Maryland State Board of Examiners of Nurses will hold its next examination for state registration October 13, 14, 15 and 16, 1908.

All applications should be filed with the secretary before October 1st. Applicants will be notified as to time and place.

MARY C. PACKARD, R.N.,
Room 610 Professional Building, Baltimore, Md. Secretary.

NEW YORK STATE NURSES' ASSOCIATION

THE annual meeting of the New York State Nurses' Association will be held in Buffalo, New York, October 20-21. The full arrangements and program will appear in the October JOURNAL. The executive committee asks every nurse in the state to make an effort to attend.

FRIDA L. HARTMAN, R.N., Secretary.

DISTRICT OF COLUMBIA EXAMINATION

THE Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration on November 16th. Apply to the secretary of the board for particulars.

KATHERINE DOUGLASS, Secretary,
320 East Capitol Street, Washington, D. C.

CONVENTION REPORTS

MISS SLY has a limited number of reports of the San Francisco convention which will be forwarded upon request accompanied by twenty-five cents, which includes postage.

SUGGESTIONS FOR THE CONVENTION PROGRAM

SUGGESTIONS for the program for the convention in Minneapolis are asked to be sent as soon as possible to the chairman of the Program Committee, Sara E. Parsons, Enoch Pratt Memorial Hospital, Towson, Md.

STATE MEETINGS

MICHIGAN.—The fourth annual meeting of the Michigan State Nurses' Association was held, June 30, July 1 and 2, at Epworth Heights, Ludington. Tuesday, June 30, from 10–11 o'clock was set aside for registration of members and the payment of dues. At 2.30 P.M., after the call to order and invocation, Mr. Cartier, Mayor of Ludington, gave the nurses a most cordial welcome which was responded to by Miss Theta Mead, of Cedar Lake.

After the reports of the officers and chairmen of committees, Miss Elizabeth Parker of Lansing, president of the association, gave an address which could not but inspire all who heard to better effort on the part of the association. Following this was a parliamentary law drill by Mrs. W. H. Holden of Detroit.

In the evening a reception was given by the citizens to the visiting nurses which was greatly enjoyed by all.

At 9 o'clock, Wednesday morning, Mrs. Holden continued the parliamentary law drill. Miss Ida Barrett, of Grand Rapids, delegate to the State Federation of Women's Clubs, was unable to be present and her report was read by Miss Bessie Goodrich. Mrs. Foy of Battle Creek, delegate to the meeting of the Associated Alumnae, gave such a vivid and entertaining description of her trip to San Francisco that all felt that they had been denied a rare treat in being unable to attend that meeting.

A paper on "Nursing for the Small Wage Earner" by Mrs. Flora Neiman of Grand Rapids, created a great deal of discussion. All nurses are interested in this phase of the work and hope some way may be evolved to solve the problem.

In the afternoon, all work was put aside and a picnic dinner at Hamlin Lake was greatly enjoyed. After dinner all were taken in automobiles and carriages for a drive around the city and to visit the Paulina Stearns Hospital.

At the evening session, three most interesting papers were read, one on the "Profession of Nursing" by Mrs. L. E. Gretter of Detroit. Dr. W. S. Rowland of Detroit, sent a paper on "Red Cross Work" which was read by Miss Durkee. This paper awakened a great deal of interest and discussion and brought out the fact that Michigan nurses are very backward along this line.

Miss Sly, of Birmingham, was unable to be present and her paper on "Why We Need State Registration" was read by Miss Waters. Many helpful points were brought out and it was decided to make a greater effort than ever before to get a bill of registration passed.

At 10 o'clock on Thursday, by vote of the association, Mrs. Holden gave

another drill in parliamentary law; these drills were very helpful and were much appreciated.

The election of officers followed: president, Elizabeth Parker, Lansing; first vice-president, Mrs. M. S. Foy, Battle Creek; second vice-president, Mrs. G. O. Switzer, Ludington; recording secretary, Elizabeth Flaws, Grand Rapids; corresponding secretary, Fantine Pemberton, Ann Arbor; treasurer, Agnes Beans, Detroit.

Two counsellors, Linda Richards of Kalamazoo, and Isabel McIsaac of Benton Harbor, were elected by unanimous vote.

At 2 o'clock all went for a boat ride on Lake Michigan. An experience meeting conducted by Mrs. Foy was held during the ride. The subjects taken up were the "Reasons for the Shortage of Applicants in the Training Schools" and "How to Provide the Small Hospitals with Nurses."

The fifth annual meeting will be held in Saginaw in 1909.

Peterson's Hospital, Ann Arbor, Mich.

FANTINE PEMBERTON,
Corresponding Secretary.

REGULAR MEETINGS

BALTIMORE, MD.—The annual meeting of the Johns Hopkins Hospital Alumnæ Association was held at the hospital on May 22, with a large attendance. Officers were elected for the ensuing year as follows: president, Mary Cloud Bean; first vice-president, Amy P. Miller; second vice-president, M. Grace O'Bryan; recording secretary, Ellen N. La Motte; corresponding secretary, Christine M. Dick; treasurer, V. M. MacLellan.

PERSONALS

INGEBORG HINTZE, graduate of the John Sealy Hospital, Galveston, is now surgical nurse at All Saints' Hospital, Fort Worth, Texas.

MISS GILMOUR, late superintendent of nurses at the New York City Hospital, has gone with a party of friends for a trip to the Pacific Coast.

MISS HEWLETT, of the Louisville City Hospital, has accepted the position of directress of nurses at the Lincoln Memorial Hospital, Knoxville, Tennessee.

MRS. ANNA E. ROTHROCK, assistant matron at the Boston City Hospital, has accepted the position of superintendent of the Union Hospital, Fall River, Mass.

SUSAN C. HEARL, late superintendent of nurses at the Jefferson Hospital, Philadelphia, has accepted the position of superintendent of the Albany Hospital, Albany, N. Y.

MISS SUSAN BARD JOHNSON, graduate of the Children's Hospital, Boston, who has been spending some time in France and England, has now returned to her home at Sag Harbor, Long Island.

ANNA L. SCHULTZE, University of Pennsylvania Hospital graduate, class of 1898, recently at the South Side Hospital, Pittsburg, is in charge of the Saratoga Hospital, Saratoga Springs, N. Y.

MINNIE RESON, class of 1906, Hahnemann Hospital, Chicago, has accepted the position of chief nurse in Dr. R. P. Miller's private hospital at Albia, Iowa. Ida M. Berg has a similar position at Salina, Kansas.

MRS. MARY E. HARLEY, of Roosevelt Hospital, New York, has succeeded Elizabeth Baylor as superintendent of the Physicians' and Surgeons' Hospital, San Antonio, Texas. Her assistant, Lucy Stuart, is from the same hospital. Miss Baylor will take several months' vacation at her home in San Antonio.

THE club-house for nurses which has been so successfully conducted by Linna G. Richardson in Portland, Oregon, will be removed in the near future to 343 Thirteenth Street. Plans for a sixty room club-house are well under way, and it is expected that this will be ready for occupancy within eight months.

AT the Mercer Hospital, Trenton, the assistant superintendent of nurses is Miss L. D. Atkinson, graduate of the Presbyterian Hospital, Philadelphia; the operating-room nurse is Mary D. Roche, of the University of Pennsylvania Hospital; massage is taught by Anna Pickenny, of the Orthopædic Hospital, Philadelphia.

JEAN KAY, president of the South Carolina Nurses' Association, resigned in April, going to South America, and Miss Uits, vice-president, resigned also. The secretary of the association, Lulu Davis, is in Mexico for her health. In June, Miss S. B. Marshall, R.N., and Miss A. O. Benson, were appointed acting president and vice-president.

BERTHA ERDMANN, superintendent of nurses at the City Hospital, Minneapolis, has resigned her position after five years of service. She is succeeded by Flora M. Thompson. Both are graduates of St. Barnabas' Hospital Training School, class of 1899. Miss Erdmann expects to enter Teachers' College this fall to take the course in Hospital Economics.

PAREPA M. WALKER, a graduate of the City and County Hospital Training School, St. Paul, Minnesota, who has been engaged in private nursing in Maryland for several years, is taking a rest among the famous Tehuacana Hills in Texas. She will remain in the south a year longer, and has accepted the position of lecturer on physiology and hygiene in Westminster College, Tehuacana.

JEANETTE M. PAULUS, graduate of the Protestant Episcopal Hospital, Philadelphia, has resigned her position as superintendent of the Knoxville General Hospital, which she has so efficiently filled for the last six years. Her associates are sorry to lose her. Lillian Burgin, class of 1907, Knoxville General Hospital, has accepted the position of directress of nurses of that hospital. Her friends are glad to have her back again. Agnes Haynes, R.N., class of 1907, will do private work in Knoxville, having returned from West Virginia, where she has been at work.

BIRTHS

ON August 9, a son to Mr. and Mrs. E. A. Allanach. Mrs. Allanach was Margaret Burgin, class of 1907, Knoxville General Hospital.

MARRIAGES

ON June 24, at Galt, Canada, Bessie Lockie to William J. Carter, M.D. They will live at Malton, Ill.

ON June 30, at Boston, Mass., Mary Ellen White, class of 1900, Boston City Hospital, to Dr. James Joseph O'Brien.

ON May 2, at New York City, J. Ethel Williams, class of 1905, Hospital of the University of Pennsylvania, to Raymond C. Clapp.

ON May 18, at King's Chapel, Boston, Mary V. Andrews, class of 1904, Kings County Hospital, Brooklyn, to Charles W. Crouch, of Binghamton, N. Y.

ON April 27, at Boston, Mass., Caroline Russell, class of 1905, St. Luke's Hospital, New Bedford, to Ned Albert Stanley, M.D. They will live in New Bedford.

ON June 30, at Oak Bluffs, Mass., Grace Eleanor Baker, class of 1903, St. Luke's Hospital, New Bedford, to Harold Sylvanus Churchill. They will live in New Bedford.

ON June 25, at Manheim, Pa., Emma M. McCauley, class of 1904, Hospital of the University of Pennsylvania, to Joseph W. Robinson. After November 1 they will live at the Normandie, Philadelphia.

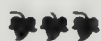
ON June 1, at the First Congregational Church, Muscatine, Iowa, Elizabeth Jane Trafton, R.N., class of 1904, Benjamin Hershey Memorial Hospital to Frederick Lyons Appel, M.D. They will live at Muscatine. Miss Trafton took graduate work at the New York Polyclinic Hospital, and has done nursing at home and in the American Hospital, Mexico City.

DEATHS

THE Alumnae Association of the Presbyterian Hospital School of Nursing, New York City, announces the death of Mrs. Rose Hoffman Lobenstine, class of 1899, at Kuling, China, on June 5. The burial took place at Chinkiang, China, on June 13. Mrs. Lobenstine was an active member of the University Place Church, New York, and received her appointment to missionary service on June 2, 1902. Her work in the mission field was of a high order and her loss will be deeply felt by numberless friends as well as by members of the community to which she ministered.

THE surviving members of the Alumnae Association of the "Home for Nurses," now the Philadelphia Lying-in Charity Hospital, send us word of the death of Emily Wilson Woodley in that city at the age of 73. "Mother Woodley" with thirty of her nurses were regularly enlisted from this Home for Nurses at the time of the Civil War. They served with distinction as nurses and at the close of the war Mrs. Woodley received from the hand of President Lincoln the only commission of Captain ever given to a woman. Mother Woodley was a devoted member of the alumnae association of her school and was deeply interested in all that concerned nurses. She died at the home of her daughter.

HOSPITAL AND TRAINING-SCHOOL NOTES



[The following correspondence between Miss Julia Lathrop and the Illinois State Association shows the splendid work the state association may do educationally, even before state registration has been put in operation.—Ed.]

CHICAGO, August 5, 1908.

Miss Caroline D. Seidensticker,

President Illinois State Association of Graduate Nurses.

MY DEAR MISS SEIDENSTICKER:

Upon the occasion of the association's visit to the Northern Hospital for the Insane June 24, the discussion plainly showed the interest of the nursing profession in the care of the insane, and, at the same time, indicated some of the difficulties in the way of more general response to the requests of the Committee on Uniform Curriculum for coöperation and reciprocity. Some of these difficulties were shown to be purely economic, others to be matters of hospital organization.

In pursuance of that discussion, I wish to ask if you will secure from your association a formulated statement of the conditions under which, in the judgment of the association, trained nurses should be asked to take service in public institutions for the insane in Illinois. Such a statement should indicate general standards of organization, pay, hours and living conditions, and should include an estimate of an adequate proportion of graduate nurses to patients.

It will be impossible for the institutions to reach the highest standard in every particular at once, under present financial limitations, but a carefully considered statement would be of service to this committee and to the public as an aid in estimating the proper cost of the hospitals for the insane in the future.

Yours sincerely,

JULIA C. LATHROP.

CHICAGO, August 11, 1908.

Miss Julia C. Lathrop,

Chairman Committee on Uniform Curriculum,

The Board of State Commissioners of

Public Charities of Illinois.

MY DEAR MISS LATHROP:

In reply to your request of August 5 that the 'Graduate Nurses' Association of Illinois submit to the Committee on Uniform Curriculum a formulated statement of the conditions under which, in the judgment of the association, graduate nurses should be asked to take service in the public institutions for the insane in Illinois, we take pleasure in presenting to your honorable body the following outline.

In submitting these statements the association desires at the outset to express its hearty sympathy and to pledge its coöperation to the State Board of Charities and its various committees in their continual effort and splendid achievements for the wards of the state, which, among other praiseworthy feat-

ures, includes the introduction of graduate nurses into all state hospitals for the insane; that we no less appreciate the stupendous difficulties that prevent the perfect accomplishment of that which is desirable and imperative; and that it is therefore with no desire to set up the ideal and impossible that we present this outline, but because we believe that in formulating what represents to us the minimum standard of living accommodations, emoluments, privileges and professional recognition that women of the desired ability and technical training will naturally expect, we shall be aiding those in authority.

Based on conditions which the graduate nurse finds in the best general hospitals of the country, which institutions must be regarded as competitors for the services of the strong women of the profession, the following suggestions are made:

1. That in each institution for the insane there should be appointed, as early as possible, a superintendent of nurses who herself, a graduate nurse and responsible only to the superintendent of the institution, shall have charge and supervision of all nurses and attendants. The official position of this officer shall be of rank equal to that given the first assistant to the superintendent of the institution.

2. That in order to allow possibility of success on the part of the superintendent of nurses, she should be provided with at least two graduate nurse assistants, these to be delegated to such duty as the superintendent of nurses may deem advisable.

3. That a graduate nurse should be placed as head nurse in

- (a) Each general hospital ward.

- (b) Each special hospital ward for acute excitable patients.

- (c) In charge of an average division of 100-150 of the subacute and chronic insane.

4. That the proportion of attendants should be

- (a) One attendant to every three patients of the excitable acute mental cases.

- (b) One attendant to every five patients of the acute mental type.

- (c) With the average subacute and chronic patients one attendant to every twelve patients.

- (d) The proportion for the total average of insane patients, one attendant to every nine or ten patients.

5. That owing to the fact that nursing of the insane is one of the most difficult forms of nursing which calls for the highest type of nurse, it is recommended that the salary offered for the various positions should be such as to allow capable women to make application. The minimum salary for the superintendent of nurses to be \$125 per month; for assistants \$75, and for head nurses \$60.

6. That the eight hour system should be enforced, nurses and attendants being on duty only eight hours out of each twenty-four.

7. That a separate home for the nursing staff should be provided with single bed room, suitable dining rooms, and other adequate accommodations.

8. That a course of instructions for graduate and under-graduate nurses should be given similar to that planned by the Committee on Uniform Curriculum.

Trusting that the above respectfully submitted recommendations may be of service to the Committee on Uniform Curriculum, I am,

Yours very truly,

CAROLINE D. SEIDENSTICKER, President.

THE nurses of the Mercer Hospital, Trenton, N. J., are taught dietetics by a Drexel graduate, cooking classes being held semi-weekly at the Y. W. C. A. building in Trenton.

AT Colorado Springs, Colorado, the Modern Woodmen of America are beginning work on a national sanitarium for tuberculosis patients which is to start with a central building and sixty tents. A reservoir with a capacity of 3,000,000 gallons has been erected, and ground to the extent of 200 acres will be planted with alfalfa. A number of fine Holstein cows have been purchased for the sanitarium and good roads are being laid.

ST. JOSEPH'S HOSPITAL, Fort Worth, Texas, has recently graduated eleven nurses.

THE John Sealy Hospital of Galveston, is the first training school in Texas to establish the three years' course, and at the close of its first school year since this venture, reports a longer waiting list of applicants than ever before.

THE commencement exercises of the class of 1908 of the City Hospital of Akron School for Nurses, Akron, Ohio, were held on June 17 at the First Presbyterian Church. The program consisted of music, invocation by Rev. H. W. Lowry, addresses by Mr. Geo. W. Crouse and Dr. J. H. Seiler, presentation of diplomas by Mr. O. C. Barber, president of the Board of Trustees, and benediction by S. N. Watson, D.D. The graduating class consisted of Mary Sabin, Evah McCoy, Louise Brand, Ruth Trainor and Ethel Brown.

CONNECTICUT STATE BOARD EXAMINATION FOR NURSES

ANATOMY AND PHYSIOLOGY

Emma L. Stowe, Examiner

1. Define anatomy, physiology.
2. How many bones of the skeleton? Name a long bone, a short bone, a flat bone, and tell where each is situated.
3. Name one of the muscles of the upper arm; what is its function?
4. Name the different varieties of joints; give an example and describe in detail a ball and socket joint.
5. Name the different organs contained in the thorax; name those contained in the abdomen.
6. Name the most important excretory organs; name the excretion thrown off by each.
7. State briefly the function of the blood.
8. What is respiration? What effect has oxygen on venous blood?
9. What organs aid in digestion? Name the different parts of the alimentary canal.
10. Name the three solid foodstuffs; where is each digested?

MEDICAL NURSING

Martha J. Wilkinson, Examiner

1. Give cause, prevention and treatment of bed-sores.
2. How many kinds of enemata are there; describe in detail how you would give one?
3. How would you prepare and apply a flaxseed poultice? A mustard paste?
4. Describe the sick room ventilation for a tuberculosis patient; what care should be taken of sputum and of sputum cup?
5. How would you distinguish hemorrhage from the lungs? From the stomach? Give symptoms of concealed hemorrhage. Treatment.
6. What is the character of the typhoid stool? What sanitary precautions are taken regarding it? What care should a nurse give her hands while nursing a case of typhoid fever?
7. Give symptoms of typhoid case for which you would call physician. Under what conditions would you remove patient from typhoid bath before expiration of prescribed time; what would you do in such emergency?
8. Give in detail the method of giving a hot-air bath; a hot pack; a cold sponge bath.
9. How would you prepare to catheterize a female patient? What is cystitis?
10. How would you care for a case of opium poisoning until arrival of physician? Of carbolic acid poisoning?

EXAMINATION IN SURGICAL NURSING

Mary L. Bolton, Examiner

1. What is asepsis?
2. What is primary union? What is healing by granulation?
3. State briefly what the general treatment of wounds consists of.
4. What articles would you always have in readiness for any surgical dressing?
5. How would you prepare a room in a private house for an abdominal operation?
6. Give treatment of hands and instruments when preparing for abdominal operations.
7. What two complications should a nurse anticipate after a capital operation?
8. What is a fracture and how many kinds of fractures are there?
9. What is a green stick fracture?
10. What is transfusion? How would you prepare the saline?

OBSTETRICAL NURSING

R. Inde Albaugh, Examiner

1. What is the duration of pregnancy; and how would you determine the probable date of confinement?
2. What general preparation would you make, if called at the beginning of labor?
3. How many stages of labor are there? Define each.

4. What diseases would you avoid, prior to, and during your engagement to care for an obstetrical case?
5. What care would you give to a newborn infant for the first week?
6. What is colostrum? and what its function?
7. How frequently would you change vulva pads; how would you prepare for and proceed to do it; and what conditions would you note while performing this duty?
8. What care would you give a ruptured perineum, that had been given immediate repair?
9. Name two of the most serious complications in labor, and what measures to employ to control them until the doctor arrives.
10. Give technic for an intra-uterine douche.

DIETETICS AND HOME SANITATION

Lauder Sutherland, Examiner

1. What points are to be observed in setting and serving an invalid's tray?
2. How would you disinfect a room in a private house after a case of scarlet fever?
3. Give method of preparing (1) soft cooked egg in shell, (2) poached egg, (3) beef juice.
4. What is an ideal piece of toast and how should it be prepared?
5. What precautions are to be observed in the care of (1) milk, (2) nursing bottles?
6. Give a general outline of typhoid diet.
7. What is the best way of preparing a chop for an invalid? Give directions.
8. Give the classes into which foods are divided and state the use of each in the body.
9. What care is it necessary to give to a ward refrigerator (cooled by ice) to keep it in a perfectly sanitary condition?
10. Give menu for breakfast, lunch and dinner for a diabetic.

PRACTICAL SUGGESTIONS



IS BOILED COFFEE HARMFUL?—THREE VIEWS

I HAVE recently learned something about the making of coffee that I should like to convey to the readers of the JOURNAL. With some people coffee seriously disagrees, and it seems to be because the coffee is brought beyond the boiling point in temperature, thus forming some acid, and changing chemically the properties of the coffee, producing a poison. Coffee made in a percolator has a smooth taste and none of the poisonous or bad after-effects. There is just one other way in which it can be made so that it is non-injurious, and that is by putting the pulverized coffee into a cotton flannel bag suspended in a pot with a bulging bottom, the pot made for that purpose, and pouring the hot water on the coffee and setting the pot in a dish of hot water on the stove. The pot should not be set directly on the stove, as it then would receive enough heat to produce the poisonous properties.

Coffee made in a percolator is made by putting cold water in the bottom of the pot, which is pumped up onto the coffee, which is in a percolated top. As the water heats, the color gradually changes from a light to a dark coffee color, and the water is thrown onto the glass top, so that one can see when the coffee is done. The pot is of aluminum, and at the bottom is only a little larger than a silver dollar, while the surface exposed to the water is only a little larger than a five cent piece.

The world universally should be educated in properly making a beverage that is so commonly used, and no people have so great an opportunity for giving this instruction as nurses.

E. C. H.

I HAVE used coffee made in the two ways mentioned, and they are certainly good ways, judging by the results. To know whether they would avoid all the bad effects suffered by some people, I believe we would have to do some thorough testing on both bad stomachs and wayward dispositions before we could make the all-cure statement. There is a coffee-pot made which has the cotton flannel bag as a part of it. It is ugly in appearance but is economical, as it only requires the boiling water and no fire to continue the making.

MARY C. WHEELER.

THE best authority I know of on the coffee-making question is Dr. Vulté of Columbia. He says that unless coffee is kept *at* the boiling point for an appreciable length of time the *cafféol*, the volatile oil upon which the flavor of coffee depends, is not developed. This is why ordinary filtered coffee has a raw, unsatisfactory taste. On the other hand, if the coffee is boiled for a considerable length of time, tannic acid develops. This is undesirable because tannic acid interferes with digestion, particularly with starch digestion. It is this acid which gives the bitter taste to coffee which has been boiled too long. This is, I think, the acid to which your correspondent refers, but I think she is not strictly correct in calling it a poison.

Prolonged boiling also drives off the very volatile oil which we wish to keep for the sake of its flavor. It is of course impossible in ordinary apparatus to raise coffee above the boiling point. All we can do is to keep it boiling.

Dr. Vulté also says that coffee boiled with a large amount of water contains more tannic acid than coffee boiled with a small amount of water. His way of making coffee, therefore, is to pour over the coffee a small amount of boiling water, bring it quickly to the boiling point again and boil about one minute. It is then diluted with hot water to suit the taste. In this way he gets the flavor due to the *cafféol* and keeps the tannic acid down to the smallest amount consistent with good coffee.

Now a percolator coffee-pot so arranged that the water is actually at the boiling point when it goes on the coffee, makes good coffee, which is undoubtedly more healthful than carelessly made boiled coffee, and it is the best kind of a coffee-pot to put in the hands of a person who can't be trusted to stop the boiling at the end of a minute or two.

All of this applies to the injurious effects of coffee on the digestion, not on the heart or nerves. The bad effects of coffee on the heart and nerves are due to *cafféin*, and that is extracted by either process.

ANNA B. HAMMAN.



THE first and chief characteristic of science is that it seeks always after nature, after the normal, *i.e.*, the natural, and looks askance upon the abnormal and the super- or the sub-natural. Hence the call of a scientific age for normal, natural life and healthy living: hence its disapproval of disease, hence its disgust with dirt as a cause of disease, and its belief in public health as well as private welfare.—WILLIAM T. SEDGWICK, in *Yale Medical Journal*.

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

CONFESSIO MEDICI. By the Writer of "The Young People." The Macmillan Company, New York.

Under this title an unknown author gives us a collection of essays, any one of which may be read without reference to that which goes before or the one following. We venture to declare however that no one having read a single page would be content to lay down the book until he had read every word from cover to cover.

The "Confessio" is a declaration of faith in medicine or rather in the practice of medicine; and the author speaks whereof he knows. From "Vocation" to "The Very End," the titles of the first and last chapters in the book, one feels that the writer has gone over every inch of the way and could go over it blindfold at shortest notice, or the most unexpected call. And the reader feels quite an intimate acquaintance with the unnamed author, who some way identifies himself with all the really great men we remember in the practice of medicine.

Like Dr. Osler, he advises all medical students to read "Middlemarch," making it the test of vocation. If Lydgate's life, says our author, does not touch you—you may well be in doubt of having had a call to be a doctor.

The second essay, "Hospital Life," though written to medical students, will go straight to the heart of every nurse who reads it; and very callous and world hardened will she be if it does not give her as sharp a bout of homesickness for her early hospital days as she has ever experienced. The author believes convincingly in the "*genius loci*" of the hospital,—the spirit of hospital life, which demands of us our best gifts of heart and mind,—gifts which seem so little to those who possess them but so unattainable to those who come without them. The author lists them handily. "Those gifts which come of a good disposition, a good home, and a good public school." "Moreover," he says, the student "should have reverence, and a fair liking for work and a certain simplicity or directness of thought, and should know Latin and a certain manageable quantity of general facts; and should be resolute in company and even against company to say the right thing and take the

right side." Every one, apparently, who possesses these modest gifts is admitted to the brotherhood, or community of the hospital. "Every hospital is a charity" (thus our author) "but there is a difference between charity and hospitality. They who give money to hospitals are charitable; we, who have the spending of it, are hospitable; and, of course, it is we who get the fun out of the money. And we spend it well, entertaining in good style our innumerable guests. All of us, staff and students, sisters and nurses, residents, lecturers, and officials, work together, keeping open house." The picture of this oasis in the desert of a big selfish, heartless city life is so admirably drawn that one lingers over it,—seeing again so many of our own experiences,—the times when the whole world seemed wrong some way and the uselessness of working to make things better, and then again the better times when we realize "the courage and patience of our guests." Our guests who are to leave us presently, carrying away the opinion that "we are a very decent lot, especially Sister." The essay, "A Good Example," gives a short but delightful sketch of the life of Master Ambroise Paré, a very learned man and the chief of all surgeons of Paris in his time which extended over a long period of the sixteenth century. This man, noted as well for his piety and good works as for his skill and success in his profession, is indeed worthy of the attention of every young student who seeks the milestones on the road to success. Great was his courage and even greater his skill in nursing when that art seems to have been suffered to disappear. He it was who discovered that it was not necessary to dress gunshot wounds in *boiling oil*, that an unguent of his own compounding,—after the receipt of a famous Italian surgeon,—"*oil of lillies, young whelps just born, and earth worms prepared in Venice turpentine,*" could be used in its place. He it was also who discovered the merciful use of the ligature instead of the red-hot iron to stop the bleeding from amputation. A great man in any age, but so very great in his own time that we wonder at the carelessness and forgetfulness that has allowed his name to become buried so far from sight to-day.

The essays on Practice, there are three of these, keep the same hold on the reader as those that have preceded them. Always there is the same insistence on the cultivation of character, the indispensableness of courage, the tremendous advantage of simplicity of purpose. We learn how little use to men in practice is the cultivation of a knowledge of art,—not that the practitioner may not enjoy appreciative glimpses into other worlds than his own, but because of the selfishness of the sick human that insists upon the elimination of everything in the man who is its doctor except what concerns his own particular ailment and its cure. "The spirit of practice does not readily enter into a life which is full

of furniture. It must have opportunity for its influences; it cannot write on walls which are covered with pictures, or make its voice heard above music and much talking; the life must be clear, affording space, and observing silence."

The essay on "Retirement" shows us our author supported by a sweet and sound philosophy through the most trying epoch in life. The last essay, "The Very End," faces the future with the courage and hopefulness which grow out of this same philosophy and we read the epilogue regretting keenly the necessity that such delightful books may not be continued indefinitely. The epilogue comes like a "grace after meat,"—a little expression of thankfulness for a life of hard work and exceeding satisfaction closing with the following words:

"The natural dignity of our work, its unembarrassed kindness, its insight into life, its hold on science,—for these privileges, and for all that they bring with them, up and up, high over the top of the tree, the very heavens open, preaching thankfulness. Circle above circle, the reasons for it are established, out of the reach of words."

THE MOTHER'S YEAR BOOK. By Marion Foster Washburne. The Macmillan Company, New York. Price, \$1.50 net.

The problems of the first year of childhood are very practically discussed in detail by an author who has presumably noticed how very deficient most books of advice to young mothers usually are, in little points, which are supposed to be supplied by common sense, in the mother or attendant. As a matter of fact common sense is very apt to overlook very small matters such as the exact degree of warmth in the cradle of a baby, the little individual traits that appear, in even a day old infant, as a dislike to lying on the right side or the left, the adjustment of the tiny garments, etc. The book is arranged in monthly parts for the first year of the baby's life, with an appendix on the care of the eyes of the newborn. Too many mothers are obliged to learn by experience the best method to care for their children; and it is only too commonly that we hear such expressions as "if I had known with my first baby, what I have learned *from* him, he would be a different child," or "I ruined my eldest child's disposition trying to find out how to treat him." Mrs. Washburne gives as good instruction on all these little points as is possible to receive, and as nearly as possible takes the part of actual experience. The book is smartly bound in blue and white, the cover decorated with a "bambino" in swaddling clothes, and contains plates of some of the most touching and beautiful pictures of the Madonna and Child.

CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR
THE MONTH ENDING AUGUST 14, 1908

CRAIG, MARY E., appointed chief nurse at General Hospital, Fort Bayard, New Mexico.

HODGES, EDITH M., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

HOWARD, CARRIE L., returned to duty at General Hospital, Presidio of San Francisco, from temporary duty on the Transport *Crook*.

JOHNSON, MAME GERTRUDE, graduate of Burgess Hospital, Kalamazoo, Michigan, 1905, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

LINEHAN, JOHANNA, graduate of St. Joseph's Hospital, Milwaukee, Wisconsin, 1906, with a post-graduate course at Cook County Hospital, Chicago, December, 1907, to July, 1908; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

MAGUIRE, LOUISE DE PUE, transferred from General Hospital, Presidio of San Francisco, to Philippines Division on transport of August 5.

MOLLOY, JANE G., transferred from General Hospital, Presidio of San Francisco, to Philippines Division on transport of August 5.

OSBAUGH, BESSIE C., graduate of Medico-Chirurgical Hospital, Philadelphia, 1907; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

THOMPSON, DORA E., chief nurse, returned to duty at General Hospital, Presidio of San Francisco, from temporary duty on the transport *Crook*.

TIMME, MINNA C., formerly on duty at the Division Hospital, Manila, P. I., discharged.

WOODS, JULIA E., formerly chief nurse, Division Hospital, Manila, P. I., discharged.

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